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ORIGINAL COMMUNICATIONS.

IMPRESSIONS OF VIENNA AS A MEDICAL SCHOOL.

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SO common is it now for American students of all departments to go to Continental or English universities in the hope of gaining knowledge they think unattainable on this side of the Atlantic, that it may not be un instructive to those who seek medical advantages abroad to learn a few of the particulars of the Vienna hospitals and their modes of teaching.

Having had the good fortune to be there for some months, and deploring my bad luck in not remaining as many years, I mean in this paper to lay before men similarly situated some hints that will aid them, I hope, in spending their time there to the greatest advantage; for I found that it takes the average man about a month, even if familiar with German, to acquaint himself sufficiently with the various workings of the larger institutions to put in his labor where he will reap the greatest reward. Before entering on the subject proper of this paper, it may be asked, "Is it worth while for a physician to go abroad? Will he be compensated for the time he spends and the expense incident to the trip? Can he not learn just as much of his profession in our own great cities?"

The first question may be answered in the affirmative, if he can afford to put the actual money down, even with an economical pinch, for the benefit is to the man as much as to the doctor, and his education is brought nearer completion by the civilization and traditions, the history, arts, and literature, of the Old World, and he is less of a machine than are so many backwoods-men, who with but little previous instruction pass the atrophic examinations of some two-year medical school, whose "Dr." is synonymous with debtor, and who, it may be, finally reach a professorship in a similar institution or seek another level in pot-house politics.

Can one learn as much in America as abroad? Such is the never-ending expanse of knowledge in medicine and its ramifi-

cations that we can learn in one city far more than most of us can retain, but it must be conceded to Vienna that her accommodations for learning exceed aught that I have seen either in London or in our own country. There is a greater centralization of our science, a community of teachers, a classification of the three thousand patients that supply the beds and dead-house of the "Allgemeine Krankenhaus" or general hospital, than is afforded, to the best of my knowledge, under any other roof in the world. In six months one can learn more of the specialties taught there than elsewhere in two years, unless he have more than ordinary privileges. Just as an author seeks a library to refresh his memory or refer to authorities, so it behooves us when learning disease to seek those places where the best types and opportunities obtain; where the books of nature unfold her laws either on the tables of stone in the dissecting-room or in the equally legible physical examination in the ward.

This centripetal institution contrasts most favorably with some centrifugal schools at home, which, like some theatres, possess one or two stars or fine properties, while the other attributes of success are lamentably wanting. *Eclat*, never a just incentive to foreign study, does not now exist, for our countrymen have been so much abroad, and have seen so many of their fellow-citizens go, that a physician must have a further and better claim on the confidence of the laity than, to use their own expression, to have "walked the hospitals of Paris or Edinburgh." Berlin, Edinburgh, London, Paris, and Vienna are the chief medical centres that divide the attention of Americans; and while Dublin with the obstetric department of the Rotunda, Strasburg with pathology, and Halle with Volkmann to preach and practise Mr. Lister's method almost better than that great surgeon himself, all claim a share of the much-desired American patronage, with concomitant Yankee gold, still the above-mentioned cities almost monopolize scientific birds of passage.

From personal experience I can only compare Vienna with London, and I shall endeavor to show why the Austrian capital is preferable. "Figures do not lie;" but unless one knows all the circumstances entering statistical arithmetic, they may

be omitted with advantage ; so, should the reader expect a series of vulgar fractions or a rule of three in which the physician, result, and patient are the known quantities and nature plays her customary rôle incog., he must look elsewhere for his gratification. Suffice it to say that the available beds in Vienna hospitals reach at least four thousand, and the number of patients, including various dispensaries, send several times that number to the clinics. The great feature about Vienna is, that about three thousand of these beds are in one hospital and furnish material for lectures on every specialty that is anywhere taught. There are two distinct classes of students attending the almost equally distinct classes of teachers, though of course there are exceptions, no rule preventing a man from listening to whomsoever he please.

First, let me mention the lectures, theoretical and clinical, which are given by the professors, more especially to men seeking a degree from the University. The second division of clinics and courses is more patronized by our fellow-countrymen. These practical courses are a series of thirty or forty demonstrative lectures in which there is an explanation of the subject in hand, together with a selection of cases which illustrate its various phases, and each man in the class has a chance to examine the patient and appreciate for himself the actual lesion described by the instructor. The number of students in some is limited by the accommodations or the intricacy of the topic, and it is always advisable to secure a class that is not overcrowded, for the more special attention one gets the more at home he will be with the subject. The teacher is most often the assistant of the professor, attends to his wards, and consequently one gets from him diagnosis and treatment of the first quality, though it comes second-hand. Instruction is not limited to the living patient ; there are valuable courses also on anatomy, operations on the cadaver, pathology, microscopy, etc. They are often so arranged that a man can fill the whole day with separate subjects, each lecture lasting one hour and in close proximity to each other, thus avoiding loss of time in transit ; but beware of the literary dyspepsia that a young and enthusiastic scientific gourmand can easily acquire in such "a feast of reason and flow of soul." He will find a simple and nutritious diet far

more conducive to his growth in professional knowledge.

Not a few of the instructors speak English fluently, and one went so far as to give a course in English ; but it is no small benefit to obtain a knowledge of German, and though it may be pleasing to hear one's mother-tongue, it is far more profitable to wrestle with the vernacular, as it is only by unalloyed perseverance, and a perfect complacency in regard to errors, that its difficulties can be overcome. The plan I found most beneficial, and one that I would recommend to medical students who are obliged to leave home to attend lectures, is to board with an intelligent German family, a Hanoverian preferred, with young children who speak simply, and learn from them by daily practice at table, and on every other occasion, as much of the desired language as possible.

The man who does this not only overcomes the hesitancy natural at the outset, but picks up a great many phrases and idioms, as well as the pronunciation, which is the "*pons asinorum*" to even good German scholars who can read readily.

Should he desire to study and read German, he will find it greatly advantageous to invest in little plays, for in them we get every-day expressions and colloquial phrases, avoiding the ridicule which we bestow on a foreigner who talks Shakespeare or writes *à la* "*Faërie Queene*." One thing, however, you may rely on, and that is the most stolid indifference to mistakes, for I have seen the saleswomen look as sober in a bakery when I asked for a countess instead of a cake as though they had been agents for "*Burke's Peerage*" instead of dispensers of the delicious *mehlspeisen* for which Vienna is justly noted.

Those who begin to study German in Europe find the best in Hanover or Brunswick ; but let not the heart of the student be troubled because his ears, tuned to polished pronunciation, fail to receive the slushy accents of Viennese dialect. He will soon learn that "*heit*" means heute, and the *mädl* will be no less fair because she has fallen from the more dignified and high estate of *mädchen*. While German is essential to understanding the lectures, you need not fear to go to Vienna without it, for by taking a few of the practical courses, where the hands are used as much as the tongue in study, you can acquire a knowledge of the language in the kindergarten

<i>Time.</i>	<i>A.M.</i>	<i>Subject.</i>	<i>Hours per week.</i>	<i>Instructor.</i>	<i>Remarks.</i>
10	- 11	Gynecology.....	6	<i>Dr. Rokitsansky.</i>	
		Lectures on the Eye.....	2	<i>Dr. Hock.</i>	
10	- 11½	Respiratory and Circulatory Diseases.....	3	<i>Dr. Heiler.</i>	
		Pathology and Therapeutics of Consumption.....	3	<i>Dr. Bettelheim.</i>	
		Minor Surgery with Practice.....	5	<i>Dr. Hofmök.</i>	
10	- 12	Surgical Clinic.....	10	<i>Prof. Dumreicher.</i>	
		Theoretical and Practical Ophthalmology	10	<i>Prof. Billroth.</i>	
		" " "	10	<i>Prof. von Arlt.</i>	
		Structure and Action of Central Nervous System.....	2	<i>Prof. von Stellwag.</i>	
10½-11½		Polyclinic of Eye Diseases.....	5	<i>Dr. Hock.</i>	
		Diseases of Children.....	6	<i>Dr. Monti.....</i>	Lecture and clinic.
11	- 12	Physiology and Higher Anatomy.....	5	<i>Prof. Brücke.</i>	
		Veterinary Course.....	3	<i>Prof. Röhl.</i>	
		Diseases of Children.....	5	<i>Prof. Widerhofer.....</i>	Lecture and clinic.
		Laryngo-Rhinosophy.....	5	<i>Prof. Störk.</i>	
		Lectures on Diseases of Female Genitals.....	2	<i>Dr. Funk.</i>	
		Diseases of the Kidneys.....	2	<i>Dr. Breuer.</i>	
		Mankin-Practice for Midwives.....	5	<i>Drs. Felsenreich and Borns.</i>	
		Auscultation and Percussion.....	5	<i>Prof. Schrötter.</i>	
		Demonstrations of Pathology, Anatomy, and Post-Mortems.....	5	<i>Dr. Chiari.</i>	
		Pathological Anatomy of Syphilis and Tuberculosis.....	1	" "	
		Forensic Psycho-Pathology.....	2	<i>Prof. Leidesdorf.</i>	
11	- 12½	Orthopedic Surgery.....	1½	<i>Dr. Nicolodoni.</i>	
		Diseases of Stomach and Bowels.....	1½	<i>Dr. Osor.</i>	
11	- I	Physical Examination.....	4	<i>Prof. Stern.</i>	
		Surgical Course (<i>Prophylactic</i>).....	4	<i>Dr. K. Eber.</i>	
		Male Genito-Urinary Diseases.....	4	<i>Dr. English.</i>	
		Electro-Therapeutics.....	2	<i>Prof. Benedikt.</i>	
		Operative Dentistry.....	2	<i>Dr. Steinberger.</i>	
11½-12½		Diseases of the Urinary Organs.....	5	<i>Dr. Ultzman.....</i>	With analysis of urine.
11½ - I P.M.		Diseases of Brain and Spinal Cord.....	1½	<i>Prof. Benedikt.</i>	
12	- I	General and Special Pathology, Anatomy, and Histology.....	5	<i>Prof. Heschl.</i>	
		Clinic on Nervous Diseases and Psychology.....	5	<i>Prof. Meynert.</i>	
		Pathology and Treatment of Nervous Diseases.....	5	<i>Prof. Rosenthal.</i>	
		Aural Surgery, with Cases.....	5	<i>Prof. A. Politzer.</i>	
		Operative Surgery on Cadaver.....	6	<i>Dr. Hofmök.</i>	
		Surgical Bandaging.....	5	<i>Dr. Nicolodoni.</i>	
		Percussion and Auscultation.....	3	<i>Dr. Röll.</i>	
		Practice in Diagnosis and Treatment of Nervous Diseases.....	5	<i>Prof. Benedikt.</i>	
12	- 1½	Medical Physics.....	¾	<i>Prof. Schwanda.</i>	
12	- 2	Gynæcologico-Obstetrical Clinic, with Treatment of Infantile Disease.....	10	<i>Prof. K. Braun.</i>	
		Gynæcologico-Obstetrical Clinic, with Treatment of Infantile Disease.....	10	<i>Prof. Spaeth.</i>	
		Exercise in Pathological Histology.....	14	<i>Dr. Weisselbaum.</i>	
		Operative Gynaecology.....	6	<i>Dr. Bandt.</i>	
12½ - 1½		Treatment of Children.....	5	<i>Dr. Hüftenbrenner.</i>	
		Diseases of Children.....	3	<i>Prof. Politzer.</i>	
		Treatment of Children.....	3	<i>Dr. Eisenschütz.</i>	
I	- 2	General Pathology.....	5	<i>Prof. Stricker.</i>	
		Histology.....	3	<i>Prof. Wendl.</i>	
		Demonstrations out of the Domain of General Pathology.....	1	<i>Prof. Seegen.</i>	
		Lectures on Health-Resorts.....	2	<i>Dr. Oberstriener.</i>	
		Physiology and Pathology of the Central Nervous System.....	3	<i>Prof. Wendl.</i>	
I	- 2½	Practical Histology.....	3	<i>Prof. Exner.</i>	
		Practice in Microscopy.....	9	<i>Dr. Jurié.</i>	
I	- 3	Genito-Urinary Surgery.....	4	<i>Prof. Hofmann.</i>	
		Medical Jurisprudence.....	5	<i>Prof. Vogl.</i>	
		Pharmacology.....	3	<i>Prof. Stern.</i>	
		Symptomatology.....	2	<i>Prof. Schenk.</i>	
		Practical Use of the Microscope.....	3	<i>Dr. Reuss.</i>	
		Polyclinic of Eye Diseases.....	5	<i>Dr. Hebrr.</i>	
		Diseases of the Skin.....	5	<i>Prof. von Stoffella.</i>	
		Special Pathology and Treatment of Internal Diseases.....	5	<i>Dr. N. Weiss.</i>	
		Diagnosis of Internal Diseases.....	5	<i>Prof. Nowak.</i>	
2	- 4	Hygiene.....	10	<i>Prof. Mauthner.</i>	
		Treatment of Eye Diseases.....	10	<i>Dr. Kratschner.</i>	
		Practical Hygiene.....	10	<i>Prof. Ludwig.</i>	
2	- 6	Practical Medical Chemistry.....	20	<i>Prof. Heschl.</i>	
3	- 4	Anatomical Dissection.....	3	<i>Prof. Hofmann.</i>	
		Micro-Legal Instruction.....	2	<i>Dr. Fürth.</i>	
		Diseases of Children (Youth).....	6	<i>Prof. Neumann.</i>	
		Skin Disease and Syphilis.....	5	<i>Dr. Fridinger.</i>	
		Vaccination, Suckling, and Nurse-Diseases.....	2	<i>Dr. Zsigmondy.</i>	
		Operative Dentistry.....	2	<i>Dr. Scheff.</i>	
		Dental Surgery.....	3	<i>Dr. Schlemmer.</i>	
		Experiments on the Mechanism of Wounds.....	3	<i>Prof. Langer.</i>	
3	- 5	Dissections and Demonstrations.....	14	<i>Prof. von Jaeger.</i>	
		Theoretical and Practical Use of the Ophthalmoscope, and Eye-Operations.....	10	<i>Prof. Wertheim.</i>	
		Diseases of the Skin.....	2	<i>Prof. Signund.</i>	

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4 - 5	Phygmography.....	1	Dr. Winternitz.	
	Practice in Examining Patients.....	1	Prof. Schlager.	
	Lectures on Children.....	3	Dr. Hauke.	
	Symptomatology ("des Irresins").....	2	Dr. Weiss.	
4 - 5½	Diseases of Stomach and Intestines.....	1½	Dr. Oser.	
	Diseases of the Ear.....	12	Dr. Urbautschitsch.	
5 - 6	Epidemiology.....	4	Prof. Drasche.	
	Special Medical Pathology and Therapeutics.....	2	"	
	Obstetric and Gynecological Operations.....	5	Dr. Pawlik.	
	On Cadaver.....	2	Dr. Welponer.	
	Systematic Lectures on Gynecology.....	4	Dr. Massari.	
	Veneral Therapeutics.....	2	Dr. Kohn.	
	Syphilis.....	3	Dr. Vajda.	
	Higher Mathematics for Physicians.....	3	Dr. von Fleischl.	
	Physiological Consultation.....	2	"	
	Internal Medical Percussion and Auscultation.....	2	Dr. Bettelheim.	
5 - 6½	Physiological and Pathological Chemistry.....	3	Prof. Ludwig.	
	Mental Diseases.....	4½	Prof. Leidesdorf.	
	Operative Surgery.....	3	Prof. Salzer.	
6 - 7	"	3	Prof. Mosetig-Moorhof	
	"	6	Dr. Nicolodoni.....	Also give courses on bandaging, fractures, and plastic surgery.
	"	6	Dr. Wölfler.....	
	"	6	Dr. Mikulicz.....	
	"	6	Dr. Holl.....	
All day.	Anatomico-Physiological Work for Beginners.....		Prof. Brücke.	
	Course in General Chemistry.....		Prof. Ludwig.	
	Course in Embryology.....		Prof. Schenk.	
	Teeth-Filling and Dental Techniques.....		Dr. Eismondy.	
	Work on Pathology and Physiology of Central Nervous System.....		Dr. Meynert.	
	Special Treatment of Blennorrhagic Affections of Genito-Urinary System.....	2	Dr. von Vajda.	
	Practice in Diagnosis.....	5	Prof. Stern.	
	Fractures, Luxations, etc.....	5	Dr. English.	
	"	5	Dr. K. Fieber.	
	Surgical Bandaging.....	5	"	
	Surgical Anatomy and Operations.....	5	Dr. Jurié.	
	Physical Diagnosis.....	5	Dr. Heitler.	
	Practice with Ophthalmoscope.....	5	Dr. Hock.	
	"	5	Dr. Fuchs.*	
	Course on Syphilis.....	5	Dr. Mrazek.*	
	Course on Operations on the Eye.....	5	Drs. Denk* and Borysiewicz.*	
	Skin Disease.....	5	Dr. Jarish.*	
	Diseases of the Ear.....	5	Dr. Pollak.*	
	† "Touch Course".....	6	Dr. Pawlik.	
	"	6	Dr. Welponer.	
	"	6	Dr. Kucher.	
	"	6	Dr. Schauta.	
	Operative Obstetrics on Cadaver.....	5	Dr. Kucher.	
	"	5	Dr. Schauta.	
	Methods of Chemical Analysis.....	6	Prof. Ludwig.	
	Physical Diagnosis.....	6	Drs. Kretschy and Brenner.	
	"	6	Drs. Lützen, Müller, and J. Kauders.	
	Physiological and Therapeutic Working of Poisons.....		Dr. von Basch.	
	Instruction on Post-Mortems.....		Dr. Weichselbaum.	
	On Exudation and Blood-Tumors in the Female Pelvis.....	1	Dr. Schlesinger.	
	Operative Surgery on Cadaver.....		Prof. Weinlechner.	
	Surgical Operations and Bandages.....		Prof. Böhm.	
	Surgery and Diagnosis of Women's Diseases.....		"	
	Different Methods of Bloodless Operations.....	1	Dr. Neudürfer.	
	Treatment of Joint and Spinal Deformities.....	2	"	
	Anatomy and Surgery of Genito-Urinary System.....		Dr. Jurié.	
	Practical Obstetric Operations.....	5	Dr. Rokitsansky.	
	State and Domestic Hygiene.....	5	Prof. Nowak.	
	Senile Changes in the Eye.....	4	Dr. Feuer.	
	Refraction and Accommodation.....	6	"	
	Operative Gynecology on Cadaver.....		Dr. Lott.	
	Diseases of Spinal Cord and Peripheral Nerves.....	6	Dr. N. Weiss.	

According to agreement.

By consulting the bulletin-boards at the gates of the hospital and elsewhere on its walls, each change of instructor or formation of new courses can be found, usually a week ahead, though some of the courses are gotten up by a club, or set of students who engage a teacher in advance and admit none but a member of their coterie.

The latter courses are never posted, and one must depend on his own or his friends' exertions to obtain advantages of this description.

Let us now give a casual glance at the different general subjects, taking up, first, *Anatomy*.—The death-rate, twelve to sixteen daily, supplies material for dissec-

* Omitted in the schedule of the lectures and courses of the University of Vienna.

† Omitted altogether in the catalogue.

tion, and the privilege is not expensive, but unless the student has ample time there or looks forward to establishing himself where he may have few opportunities for anatomical studies, he had better not devote himself to a branch that can be followed at home, where so many of the practical courses are unavailable. The fact, too, that bodies or portions are so easily gotten breeds among some men a careless hacking propensity that does not result in that knowledge acquired where subjects are harder to obtain and more expensive.

The same remarks will apply to normal histology, which should be learned before leaving home, as the individual, and not the class, is the worker in this field. Surgical anatomy is given with the operative course.

Physiology.—The writer is unable to state facts in this department, though Leipzig seems the greater favorite with men taking this specialty.

Pathology has some great masters in Vienna and not a few disciples. One of the most profitable microscopic courses is an hour and a half in the middle of the day, when the results of all the last twenty-four hours' post-mortems are discoursed on and shown, while, at the conclusion, three men, appointed each day, examine under direction the head, chest, and abdomen of an unfortunate, reserved from the skilful hand of the demonstrator for the ambitious scalpel of the student. Through the kindness of the gentleman in charge I obtained quite a number of specimens, which may be mounted at leisure, but I fear they will not be as satisfactory as if I then had had time to devote to this mechanical part of microscopy.

Internal, or what we call the practice of medicine, receives treatment from such able hands as Professors Bamberger and Duchek, etc., while almost each organ claims the attention of men who in some cases have done as much for making the organ conspicuous as its consideration has rendered them famous. In some of the courses of the students each pair has a case to consult over, theoretically treat, and, in case of death, follow to the autopsy-room to verify the criticism of the teacher, thus made doubly careful in expressing his opinion.

Professors Billroth and Dumreicher are the worthy exponents of surgery, and no man can enter the former's clinic without

being impressed with that great surgeon's manner. The trouble is that he is so popular that his small operating-room does not admit all of his admirers, while his lectures are delivered in so modest a key that only a favored few can hear them, and so great is the number of assistants that vision, essential to appreciating fine work, is interfered with. The cases that one does see point with emphasis to the magnitude of the study. The perfect coolness of the operator tells eloquently the timid man that with common sense, experience, and study almost anything is possible to one who believes enough in himself to be cool and resolute. The moral force imparted by such a master is worth many an hour spent in stretching one's neck over a classmate's shoulder.

On alternate days the class accompany the professors through the wards and catch a glimpse of that after-treatment which is as essential as the operation to success. By remaining after the hour one often sees cases undisturbed, or may attend the dirty crowd of Jews and Gentiles that come to this surgical Elisha, in many cases to be reminded of Abana and Pharpar, rivers of Samaria, if the Danube, the water of Viennese Israel, should fail to cleanse.

Courses on bandaging, fractures, orthopraxy, operations on almost each organ, besides general surgery on the cadaver, make Vienna no second-rate place for the study of this department, but it must yield to London in the number and weight of surgical reputations, though by the concentration of work it is superior to the latter place, and one has the possibility of learning far more than the potentiality of retaining.

In selecting teachers in this and every other branch, do not avoid popular men, but large classes, for each new entry subdivides the attention due you until it becomes almost a minus quantity, and you are slighted to make room for the ubiquitous "one more."

The number of courses affords ample opportunity to review a subject, while the amount of material secures familiarity with all operations.

One of the disadvantages of Vienna, compared to London, is that only the regular assistants of the professors have the dressing and bandaging of hospital patients, while in the London Hospital, famous for its acute cases, a man may be

come a dresser for three months at a time, supplemented by a week's residence each month in the hospital, on the payment of a moderate charge.

Nothing can equal this face-to-face acquaintance with cases and responsibility enough to emphasize the salient points.

The Ear.—The average student or nascent doctor has an idea that the ear is rather an excrescence than an organ, too insignificant or too intricate to merit attention beyond that well-balanced point necessary to a diploma; nor does one fully realize its importance until he has heard some aural specialist dilate on the subject.

A few lectures of Professor Gruber or Politzer, or a course with their rapid-speaking assistant, Dr. Pollak, will soon convince the ignorant that a deaf man is in outer darkness. Here let me just mention that the would-be medical Alexander must not be discouraged because he despairs of ever reaching the perfection that each specialist enforces as the only thing worth living for. Some go farther and assert in manner and doctrine that perfection is attainable only *via* a true knowledge of the eye, skin, uterus, or pathology. It is a great comfort, when overcome by the enormity of one's own ignorance, to whisper a quasi-consolation and say, perhaps outside of these specialties these professional Pharisees are as other men.

The eye, in Vienna, receives the attention it merits from such leaders as Professors Arlt, Stellwag von Carion, Jaeger, together with a number of assistants, whose courses cover the whole ground of eye-surgery. In fact, there seem to be too many subdivisions. Thus, one man takes up the diseases of the anterior part of the eye, a second pushes on to the fundus with the ophthalmoscope, while still another gives operations with practice on the eyes of animals and the dead face. It is true each teaches a good deal, but I see no reason for such multiplication, involving extra payments, when at least two of them might consolidate. By taking courses with different assistants one has a chance at the whole repertory of the eye-wards,—an inducement that many seize.

Obstetrics.—There are about ten thousand infants born in the Vienna Hospital per annum, giving three thousand to each ward. Nine thousand are illegitimate; in fact, the offspring of married parents are said to present almost always transversely.

It is a laughable sight to see, on reception evening, a long train of thirty or forty pregnant women sailing like a fleet of Dutch luggers into the examining-room. Here each one is explored by the assistant, discussed *pro re nata*, and, if not near full term, dismissed for a more convenient season. The rest are received, and not a few may be delivered that night. In these receptions the students belonging to the class can all make external examination, a point much more insisted on in Europe than in America, and a few may, after the assistant, verify his diagnosis by internal touch.

Professors Carl Braun and Joseph Spaeth deliver clinics each day, and men who join their classes have the privilege of the receptions and obstetric wards.

Here a knowledge of the ropes will not be amiss to one desiring cases.

Each class is subdivided into sections of four or five, and two of these sections come on every twenty-four hours. A schedule is made out each week, so a man may make his arrangements for his night- or day-watch in advance. Should any of the section appointed for the night fail to put in his card before four in the afternoon, the men who by nine that morning have placed their names on a list provided will be chosen as substitutes for the absent parties. Thus the obstetric owl is often rewarded for his industry by a series of night-watches limited only by his appetite and perseverance.

After one has thus secured his position in the ward, it is his next business to get a case, and when he has signed his name on a blackboard at the patient's head he cannot interfere with, or be disturbed by, others until he relinquishes the case or delivers the child. Complications arouse the assistant unless the attending student is known to have had some experience. Those who join both Braun's and Spaeth's clinics may come on regularly at least once a week, while they may substitute whenever they please. By politeness to the midwives, who are almost all graduates of that department (Prof. Gustav Braun delivering lectures exclusively to them in the third above-mentioned ward), and courtesy with the assistants, all of whom I found to be gentlemen, the student can gain as much obstetric knowledge in Vienna as in Prague or Dublin if he really work.

At one ward there is no reception each day, the other two alternating with it day and night. The day reception is preferred, because one can often tell by 10 P.M. if he will get a case, the liability continuing until daylight in night receptions. It is often a pure matter of luck. Sometimes twenty cases may be born in twelve hours; at others the snoring women alone break on the monotony of the watch.

The babies when born are soon put into a blanket, and a child risks losing its identity with half a dozen others on the same table in different stages of dressing. On Fridays the priest baptizes the result of a week's labor, the nurses finally taking up armfuls of these living sticks to be distributed again to their parents. The "touch-courses," which are given by assistants, are excellent, as one may learn, in twenty-five or fifty lessons, a great deal about the abdomen, cervix, vagina, as well as the positions of the child in the pregnant woman.

They are comparatively very expensive, averaging a half-dollar an hour; but, as there are only three men in a class, there may be some excuse. The best teachers are always in demand, and it is well to see one of them upon arrival, as they make out their lists some time in advance. This rule applies with equal force to gynecology, as the writer can unfortunately testify.

Few courses humiliate a beginner more than obstetric operations on the cadaver, and few are so satisfactory. The books, so glib about the application of forceps, the simplicity of turning, dwell rightly on the horror of craniotomy, but mere black and white does not impress one with the difficulties in the same way as an endeavor, before a watchful instructor and criticising class, to deliver the dead woman, *per vias naturales*, of one of the numerous still-born children that are thus utilized. The man who takes two courses at least on this important topic from different assistants will glean a variety of opinions as well as experience that he will never regret. One thing, however, it is to be hoped he will never attain, and that is the alacrity with which students and instructors leave the dead house for the lying-in-room to make examinations with hands imbrued with the blood of the dead, and it may be consciences dyed with the blood of the living.

I cannot but think that the awful inroads of puerperal fever, and the numerous deaths thereby, arise largely from this criminality in attempting to satisfy the meagre sentiment that foreigners generally have for women by a paltry wash of carbolic water after post-mortems on even puerperal subjects.

It requires more than a basinful of the "multitudinous seas incarnadine" with permanganate of potassium to rub out the "damned spot" so acquired, and God knows Americans had better stay at home than learn abroad to carry under the badge of their healing office desolation to the hearth of a confiding family. Much as I respect these Viennese teachers for their attainments and the good they have done in advancing obstetrical science, I cannot help looking on them as guilty of something near homicide while they permit or advance such criminality. It is not for the students to prevent it; the instructors alone have the power; only let the American in Vienna remember it as a light on a hidden rock, not a guide, but a signal of an impending calamity. The profession here and elsewhere will not do its whole duty to its neighbor until obstetricians refuse contagious cases which may endanger mother and child.

Diseases of Children.—There are numerous lecturers on this subject, but the favorites are Professor Monti, at the Polyclinic, who, besides being a thoroughly practical man, is an Italian, with a knowledge of German that foreigners can sympathize with and understand. The other is Professor Wiederhoper, who lectures at St. Anna's Children's Hospital on diseases that are more severe than a peripartetic clinic allows. As these two lecturers have consecutive hours, one may take both at a time. Before taking up the material a half-hour is spent most advantageously on a regular system of lectures. Once a week children's surgery is treated, making a pleasant variety in the usual *menu* of colic, crusta lactea, etc.

Venereal Diseases.—Whether the large standing army, that Austria finds is a producer as well as a consumer, is the cause of so much syphilis and so many children, I cannot say, but the number of men and women that one sees in the wards of Hebra, Sigmund, Kaposi, Zeissl, Neumann, etc., suffering with what chivalrous negroes call "ladies' fever," is astonishing. One

would think that the special pathology of this hydra-headed disease would be exhausted by such observers; but as it still baffles old heads the young ones are allowed a fair turn at the problem, and the lectures in this department are interesting and practical. In a single lecture I have seen as many as twenty patients with different types or stages of syphilis arranged in regular gradation to illustrate the question under discussion. The women in one department vie with the men in the other in illuminating the subject.

One cannot but feel disgusted, however, when he sees the unfortunate women who are sitting around a table, at a signal from one of the she-bears that mount guard, or from the hardly less brutal assistant, compelled to hurry off the little covering to their nakedness, and reveal, as a text to a serio-comic lecture, parts that even in the most debased women deserve the respect that nature entails on animals. I do not say that this is the universal procedure, but in one of the courses I was much tempted to instruct the instructor on points of ethics by a more forcible and striking way than mere precept.

This is a matter the students *can* ameliorate, for if, instead of smiling at dirty jokes, or passively sitting at the feet of a filthy syphilitic Gamaliel, they firmly discountenance such bullying, by, in a manner most effective with teachers yearning for American patronage, withdrawing their subscriptions until he finds why he is obnoxious, his purse will teach him what his gilt-edged conscience has forgotten, and Americans would be there as they are at home,—the men most manly to women in the world.

Skin Diseases.—For diseases of the skin, exclusive of syphilis, Vienna offers every opportunity that a corps of unsurpassed teachers and material from all the surrounding provinces afford. The parasitic diseases are especially well represented, as the filth and squalor of some of the cities' inhabitants, but more so of the peasants in the vicinity, make a paradise for vermin that is not wholly detrimental to the dermatologist.

Nervous Diseases.—In regard to diseases of the nervous system, and the didactic lectures on medical topics, I can, unfortunately, say nothing from experience. My impression, however, is that one should use Vienna as a field for the

practice of theoretical medicine learned before starting, with such valuable amendments as the instructors give in each course.

The cost of a six weeks' course ranges from five to ten dollars. In some the home student pays only one-half of the amount charged a foreigner, a species of protection justifiable only when one thinks that the average American can get just twice as much out of his advantages.

Do not let your patriotism open your arms to every fellow-countryman, for the same caution is required there in choosing friends as is necessary on this side of the Atlantic; and you will find that salt water does not wash out all the snobbishness and low breeding of men, any more than it makes an unaffected American forget his native tongue in a year, as I have heard some students affirm, pleading a trip abroad in excuse for assaults on their mother-tongue, quite forgetting the more piercing horn of the dilemma,—*i.e.*, could they ever speak English correctly in America?

Above all things, do not come home with the faith in those who stayed there that they will believe your claims to a personal acquaintance with the various intellectual giants. It is rather amusing to hear one boast of an intimate friendship with a great gun, and know by experience how little notice is taken of students by their superiors. I myself was once ambitious, and having accosted a very Goliath with a smooth stone I had found pleasing to Germans at large,—*i.e.*, "You speak English, do you not, sir?"—I received the answer in almost a Yankee twang, "Yes; but I have no time to speak anything now." From that time my vaulting ambition was hobbled, at least in that direction, and my friends are not bored with my dining with Herr Professor Ritter Von etc., or my smokes and beers with the Kaiserlich Königlich Allgemeine Doctoren.

So much for the student of medicine. Now, since "a man's a man for a' that," it will not be out of place to say that in no European city can better amusement be found than in Vienna. The Vienna Opera, at a ridiculously low price, offers the best music and effects in the world. The concerts of Strauss and at the public gardens, coupled with the numerous excellent theatres, afford relaxation that is beneficial in more ways than one. The city is healthy, has a delightful water-supply, living is

cheaper than in New York, the climate, though cold in winter, has plenty of sunshine, and, taking it all in all, I know of no European city that is more agreeable. An English church, where Americans are always welcome and some most efficient in the music, renders it possible (a chance, I regret to say, that all Americans do not accept) to hear our beautiful service in our own tongue, a privilege much enjoyed by the married men; for, independent of its religious influence, Sunday was a day when we could be like other men, and have a little home-life even at that distance from our native land.

To men who think of marrying before going to Vienna, I would ask them to remember how much they must leave their wives, if they intend to study, and that too in a place where ladies have not the privilege of walking or shopping unattended, as with us. If, in spite of all the disagreeable prospects that hem in a doctor's wife in Vienna, she choose to accept the situation, and, with the ingenuity that true women can show in making time pleasing and profitable, she says, "Thy people shall be my people," then by all means marry before leaving home; only it is fair that she who is to be the partner of your life shall know that in Vienna ladies are denied many of the ways of enjoyment that are permissible with us.

Besides a wife, you will find her a protection against many of the temptations that ruin young Americans abroad, and will have reason to look back on your mutual dependence as one of the most pleasing features of a pleasant era. One remark before closing,—the relative value of a year's trip abroad compared to a year's life as a resident in a general hospital. I do not think they admit of comparison, for both are unique. Of the two, by far the more profitable, I should say, was the hospital residence, but by the combination the good qualities of both are intensified. Regretting that this paper is so necessarily egotistical, but assuring you that in such an article of personal experience the individual must appear, I offer it in the hope that it may benefit those who, like the writer, desired some hints before making Europe a temporary home.

THE *Chemische Zeitung* reports that considerable quantities of arsenic have been found on the examination of green carpets at Bonn.

"WHISKY AS AN ANTISEPTIC DRESSING."

BY J. L. SUESSEROTT, M.D.

MR. EDITOR,—In September, 1874, I contributed an article with the above caption for your journal, which can be found on page 774, vol. iv., and in which I refer to the use of whisky having been suggested by Dr. D. Blair in the *Glasgow Medical Journal* for February, 1870. I trust you will pardon my persistence in recommending an article which, if we are to judge by the absence of favorable or unfavorable reports of its use in hospital practice or by individuals through the medical journals, has not received the endorsement of the profession; but my surprise at the want of appreciation of one of the most pleasant, in application, of all remedies in use has frequently been excited, and I cannot refrain from referring to a casual claim of the benefit of *alcohol* in a case reported in your last issue. Although the writer of the article does not give any more importance to the "alcoholic lotion" than he does to the carbolic acid which was combined with it, and which, in my opinion, was entirely superfluous, I desire again to urge upon the readers of this journal, which has given me so many valuable hints, the propriety of submitting to a fair and impartial test an article that will render the use of the more recently discovered, and in many cases offensive, antiseptics almost entirely unnecessary.

And, lest they may fear an undue stimulating or irritating effect, let me say that *undiluted whisky* is found, by nearly all patients, a very grateful vaginal wash in leucorrhœa even where there are uterine fissures and ulcerations. But to the article above alluded to, reporting a case of hospital gangrene, on page 104, No. 339, vol. xi. of this journal. And whilst I disclaim any desire to criticise the treatment other than to regret the delay in using alcohol, I will venture the assertion that if it had been freely used, as recommended in my contribution to vol. iv., the attempt to save the foot would not have been abortive.

The article of Dr. Pooley has been so recently in the hands of your readers that I need quote very little of it; but there is one paragraph that I wish especially to

refer to. After the doctor was compelled to resort to amputation and the most approved treatment had been used, the disease—gangrene—reasserted itself in its most violent form. I will here use his own words, italicizing those that I desire to be especially noticed: "The gangrene continued for several days, the exudation appearing to increase in density, and numerous sloughs of connective tissue came away. The skin remained uncomplicated throughout. *A strong alcoholic lotion, with carbolic acid, was now ordered, and almost at once a change for the better was discoverable; healthy granulations began to spring up; the remaining sloughs were cast off, and in a week we were able to begin to close the stump with adhesive straps,* and it healed very rapidly, together with which the general health of the patient improved so that in three weeks he was able to go out."

As my former article, which by the use of large quotations from Dr. Blair was made as comprehensive as my feeble ability was possible to accomplish, is accessible to all of your readers, I will not further trespass on your space, but will only say that a decade of years, through which I have used the article in question very many times, has not in the least abated my admiration for and confidence in it. Within this month I treated a pulpified wound on the top of the head of a man of over forty years of age, which at first presented the most unfavorable appearance, as it had been inflicted by a blow with an axe-handle in the hands of a strong young man, with no other dressing than whisky, and as a result had the parts to heal without any suppuration, sloughing, or the least tendency to erysipelas. The injury was inflicted on election-day, November 2, and its severity upon the nervous centres was so great that, notwithstanding the entire repair of the scalp, at this writing, November 25, the entire right side of the patient is very much benumbed, and untoward brain-troubles may yet be encountered.

In conclusion, permit me to suggest that if any one should fear that whisky or its congener, alcohol, does not afford a sufficient antagonism to septic influences, let them be applied upon carbolated cotton,—an article of comparatively recent manufacture, and very convenient.

CHAMBERSBURG, PA.

TREATMENT OF DIPHTHERIA.

BY G. HAYWARD COBURN, M.D.,

Grand Falls, New Brunswick.

HAVING during the last three years had considerable opportunity of observing and treating cases of diphtheria, and having in that period tested many of the numerous methods of treatment which have been published in our magazines, I at last settled down to the line of practice to be detailed, it having afforded the best results of any I have tried or know of.

I prescribe—and it will strike the reader as nothing new—tinct. ferri chlor. with potass. chlor. Doubtless thousands of physicians use the same drugs, but, as far as my knowledge extends, comparatively few give as large a dose and with as great frequency, which supposition is my only reason for writing this paper. I give to a child twelve years of age the following:

R Potass. chlor., $\mathfrak{z}\text{i}$;
Tr. ferri chlor., $\mathfrak{f}\mathfrak{3}\text{ss}$;
Glycerin., $\mathfrak{f}\mathfrak{3}\text{j}$;
Aq. q. s. ad $\mathfrak{f}\mathfrak{3}\text{ijj}$.—M.

S.—A teaspoonful in water every half-hour.

It will be seen that ten minims of the iron and three grains of the chlorate are given every half-hour, making in twenty-four hours one ounce of iron and two drachms of chlorate of potassium.

In these large and frequent doses I am persuaded lies the secret of success. I have time and time again been called early to a case of diphtheria, finding one or both tonsils distinctly covered with false membrane, temperature 101° F. to 103° F., pulse 90 to 110, etc., prescribed the above, and been surprised next day to find the membrane either gone or reduced to a mere film, with no tendency to extend; the temperature reduced to 99° F., or even normal. Of course such a result cannot be looked for in every case or even in a majority of the cases, although it is by no means uncommon in patients seen early. Still, I think that in any case such a mode of treatment gives the best chance of successfully warring against grave constitutional and local symptoms, and of promoting speedy convalescence. The first few doses often cause vomiting, but this soon ceases, and the stomach bears it well. I am in the habit, if the symptoms assume a favorable type, of lessening the frequency with which the

dose is given after the first twenty-four hours, at first to every hour, and so on. Of course this is not the only treatment, though it is the sheet-anchor: *locally* I usually confine myself to a 1 to 20 solution of carbolic acid thrown on the affected parts by means of an atomizer with a long nozzle, and sometimes used as a gargle. *I never use swabs*, believing that the rough removal of the false membrane which they are apt to cause gives too good a chance for septic poisoning.

Swelling of the glands, if great, is treated by the application of ice; if not, any warm application does nicely. I think I have seen the old-fashioned application of a strip of salt pork do good. The system must be supported by nutritious liquid diet, broths, beef-essences, milk, etc. Stimulants, I think, are not usually needed at first; during the latter stages they are often useful, and, indeed, demanded, brandy being the best form. Of course, symptoms must be treated as they arise, and no routine ought to be laid down, but, I repeat, the sheet-anchor is to be found in tincture of the chloride of iron with chlorate of potassium in large and frequently-repeated doses.

A REMEDY AGAINST DUPLICATING PRESCRIPTIONS.

BY E. T. BLACKWELL, M.D.

THE use of a prescription, after it has fulfilled its temporary mission, by any unauthorized person, which includes the one to whom it was issued, is a great evil. It fosters a habit of self-medicating, on the part of a sick person, or one who fancies himself such, which induces him to rely on his own opinion in medical questions, wherein the physician is the only competent judge. Moreover, it tends to establish the empirical use of a remedy which is foreign to the design of its author. Under the present system prescriptions are not only refilled for the same patients, but are lent to neighbors and friends, in view of fancied resemblances in their complaints. A sort of proprietorship is thus established, and a remedy, devised in strict integrity, goes upon a journey of empiricism and misapplication.

A great injury, therefore, happens, not alone to the deluded ones who ignorantly and disadvantageously use the medicine,

but also to the physician who has devoted his fortune, his time, and his exertions in preparation for the right understanding of diseases and the intelligent application of remedies for their cure. A prescription, wrested from its appropriate use, becomes a competitor to the person who issues it, and may defeat his aims in the practice of his profession. While his gains are diminished, his self-respect is wounded, in view of the unlearned in medicine discussing the appropriateness of his combinations in this or that disorder.

A prescription, issued some years since by the writer, was declared to be a good one by the patient, who further endorsed it, saying it had been refilled thirteen times. One made by a distinguished Philadelphia professor, some time deceased, is so highly esteemed that it has had an extensive circulation in a district not remote, and is still in full use.

This is a grievous wrong, against which only the amplest co-operation can be successfully brought to bear; and this should be exerted upon our national legislature, to the end that prescriptions, uttered in manuscript, be protected by copyright, the handwriting of the author and his autograph being held sufficient to establish his claim to the property in question. A patient should no more be permitted to multiply copies of a prescription, or duplicate the medicine it calls for, than he should a book or magazine that he buys.

Let us, therefore, no longer tamely submit to this infraction of our rights, but vigorously assert our claims, continuing the agitation until we obtain the justice so long denied to our patient and suffering profession.

NOTES OF HOSPITAL PRACTICE.

LOUISVILLE HOSPITAL COLLEGE OF MEDICINE.

CLINICAL SERVICE OF DUDLEY S. REYNOLDS,
M.D., PROFESSOR OF OPHTHALMOLOGY AND
OTOLOGY IN THE HOSPITAL COLLEGE OF
MEDICINE.

Reported by A. H. KELCH, M.D., Stenographer.

ON THE EYE.

CASE I.—Michael F. has been here before with the disease tinea tarsi. He has been an occasional sufferer for many years, and has for a long time had this peculiar disease of the lash or the hair-

follicles,—a parasitic disease, which manifests a special preference for two classes of people: one class who live in a bad atmosphere and suffer from constitutional debility, and another who have a general tendency to lymphatic obstruction,—the so-called strumous diathesis. He has an obstruction in the Meibomian ducts. Sometimes obstructions in the orifices of these ducts become very troublesome from the fact that the occluding material is transformed into a semi-cartilaginous substance, which, if permitted to remain, is transformed into carbonate of lime, developing a real chalk-stone.

Carbonate of lime in the Meibomian ducts is by no means an uncommon occurrence. A patient, who came to my office a few months ago, suffered from the friction of the rough surfaces of the lids, and thought he had some foreign body lodged beneath. Careful examination revealed that the ducts of the Meibomian glands were obstructed. They were distended, and these bodies projected at the fine border of the lid; the little points had become very irritating. Laying open the ducts in a longitudinal direction, these collections were easily turned out. If the duct were cut transversely, the cicatricial tissue resulting from the separation of the wound would close the duct permanently, thus augmenting the difficulty which now exists, inasmuch as it simply creates a permanent obstruction.

In the case of Mr. F. I shall open these ducts with Beers's knife.

I find them filled up with chalky matter, which comes out in little particles, as you see them here on my knife; the particles are small, but numerous. The reason why these are obstructed in this case is because the patient has lost a considerable portion of the lining of the lids, from long-continued inflammation, and, I was about to say, caustic applications, and the cicatrices have closed the orifices of the ducts along the free border of the lid.

The existence of parasites in the hair-follicles which transmit the eyelash gives sufficient irritation to keep up the redness and swelling, which you observe is considerable.

To relieve this condition it is not alone necessary to pursue a course of local treatment, but it is necessary to treat the constitutional debility which predisposed to the development of the parasite. An oint-

ment composed of calomel in almost any strength—the yellow oxide of mercury, because it is an amorphous salt and can be more evenly diffused throughout the excipient—is perhaps preferable. The red oxide of mercury is a crystalline substance, and from this fact its action may be too much centred in one point. The yellow oxide is not open to this objection. It has been claimed by some that there is no difference between the red and the yellow oxide. But if you will take the trouble to perform the experiment of adding the yellow oxide of mercury to a saturated solution of oxalic acid, you will find a precipitate of white oxalate of mercury readily and quickly thrown down, while such precipitate does not so readily fall from the addition of the red oxide. We will give Mr. F. the yellow oxide of mercury in the proportion of ten grains to the half-ounce of vaseline. A wash shall be given him to aid in the solution of crusts in the lash. The best thing for this purpose is the bicarbonate of soda, and next to that, perhaps, the sulphite of soda. We will give him forty grains of sodæ bicarb. to the ounce of water, which must be used to bathe his eyes, and after that let him rub in the ointment of the yellow oxide. If he should apply the ointment without previously removing the crusts, it would remain on the surface of the scab and do no possible good.

Case II.—P. B., æt. 57. The most perfect specimen of jaundice I have seen in a long time, and he has cataract in both eyes. Upon examination I find the perception of light and shadows here is sufficiently delicate to warrant the conclusion that he is a favorable subject for operation. But before he is operated upon he must receive constitutional treatment. I will therefore give him sulphate of quinia, \mathfrak{z} i, divided into twelve powders, one to be taken after each meal, and elixir of lactopeptin, \mathfrak{z} iv, a teaspoonful of which he may take before meals.

It is bad practice to operate for cataract by extraction, or, in fact, to do any kind of an operation, upon a person whose general health is so evidently bad as is this man's. He is moderately well nourished; his tongue is tolerably clean; he says he has a fair appetite, sleeps well, feels weak, but he is at this time in as good health as he has been during the last six or seven years. His wife says that his skin has been as yellow for four years as you now see it. His

pulse and respirations seem normal, but I am unwilling to operate upon him until after he has been brought fully under the influence of quinine. He is to return here next Monday, when, if his general condition appears good and the weather is not unfavorable, I shall extract the cataract from one eye, and when that has been entirely restored and is no longer in the least degree irritated from the effects of the operation or other cause, and if the patient should desire it, I shall proceed to extract the cataract from the other eye.

It is not safe to undertake the extraction from both eyes at the same sitting, as in the case of this man, where the general health is evidently not good, the man being jaundiced, if I were to extract the cataract from both eyes, sloughing of the cornea might ensue, or suppurative inflammation of the uveal tract might occur, and in either case both eyes be lost; whereas if one eye only be operated upon at a time, and such an unfortunate occurrence as I have just named should overtake the patient, he has still a chance, after he has regained his general health, to have a successful operation performed upon the other eye.

Case III.—Mrs. G., you all remember, came here a week ago from Elizabethtown with a lachrymal fistula in the left cheek. It had been discharging muco-purulent material for eight months. She first noticed the swelling near the inner corner of the eye, just at the point where the lower lid joins the nose. This swelling grew worse, was painful, and caused the lids to be closed for a number of days. Poultices were employed until the abscess pointed externally and finally ruptured, discharging its contents upon the cheek, leaving a frightful-looking opening, with its inflamed margins and offensive contents as you all saw it a week ago. You may remember that last Monday I nicked the punctum in the lower lid with a pair of fine scissors, and then introduced what is known as Weber's knife,—a curved probe-pointed instrument, having the cutting surface upon the concave edge of the blade. Passing this instrument through the enlarged punctum and carrying it into the tear-sac, the handle was swept from a temporo-frontal position over towards the nose, until division of the inferior canaliculus was extended quite up to the internal commissure of the lids. You may remember that as soon as this section of the inferior cana-

liculus was made there was an escape of a considerable quantity of pus, both from the opening made by the knife and from the fistulous opening upon the cheek.

An Anel's syringe, loaded with a five-minim solution of carbolic acid to the ounce of water, was employed to wash out the tear-sac. Immediately after this a No. 6 Bowman's probe was with some difficulty passed on through the nasal duct. The probe encountered a pretty firm stricture occupying about one-fourth of an inch of the upper extremity of the nasal duct. By gentle pressure and a little coaxing the instrument finally passed by dilating the contracted canal. I thought at first it might become necessary to cut out this callous tissue upon the cheek and close the fistula with silkworm gut suture, which is much less irritating than any other substance, not excepting silver wire; besides, it is much finer than wire, more flexible, and therefore better suited to the purpose. To my surprise and the patient's delight, the cleansing of the tear-sac practised a week ago, and the daily introduction of the No. 6 probe, have been followed by the closure of the fistula and the entire disappearance of all morbid matters from the tear-passage, and the patient, as you see, is now substantially cured. The discoloration is disappearing from the cheek, the point where the skin was perforated is already depressed, and will eventually leave a depressed white cicatricial line to mark the site of what you will all bear testimony was a very ugly fistulous opening.

To insure the potency of the strictured part of the nasal duct, I shall now introduce a Bowman's probe No. 4, which you see passes with great ease, meeting with no obstruction whatever. I choose this probe because for two days no probe has been passed, and it was reasonable to suppose the canal was scarcely so large as it was when the probe was being introduced daily.

Case IV.—Miss Edie G., æt. 15, a school-girl, came here last Monday, as you remember, suffering from asthenopia, which means that the eyes were tired,—ached on attempting to read, and on continuing for a few moments they became quite painful, so much so she was obliged to desist. She claims to have perfect sight, and complains simply of her inability to continue the exercise of that perfect vision. This is evidently due to an excessive strain upon the

accommodative apparatus of the eye, in order to make up the defect of refraction, the exact nature of which can be determined only after complete suspension of the accommodation. To accomplish this a solution of sulphate of atropia in the proportion of four grains to the ounce of water was ordered last Monday. She was instructed to put one drop of this solution into each eye every morning and evening, and she has come here to-day for the purpose of having her refraction tested. With a sheet of Snellen's test letters placed at twenty feet from the patient, she is unable to recognize that there are any letters upon the paper. With Donders's stereopæic disk we find that in the vertical meridian of the right eye $V = \frac{20}{CC}$. In the horizontal meridian she does not see so well as without the disk. A convex lens with a refracting power of $\frac{1}{10}$ enables her to read $\frac{25}{LXX}$ in the vertical meridian. She is unable to decide, as you observe, which glass, $+\frac{1}{8}$ or $+\frac{1}{4}$, gives her the clearest vision in the horizontal meridian. Reversing the disk and bringing the slit in the vertical meridian, we find her able to see as well with $+\frac{1}{8}$ as with $+\frac{1}{10}$, and she makes no choice of any of the intermediate grades. Therefore we conclude that her accommodation is still active, that it is not yet suspended, although she has continued to use the four-grain solution of atropia faithfully for the whole week. Dr. Schell, of Philadelphia, has lately brought to the notice of the profession, in the *Philadelphia Medical Times*, a new drug called "homatropine," which he claims will fully suspend the accommodation in thirty minutes, and that the effects pass off within thirty-six hours. I have sent for some of this new drug, and shall consider the profession and the general public much indebted to Dr. Schell if I shall be able to confirm the results which he claims to have obtained. The patient must continue the use of the atropia and return to the next clinic, when we shall continue the test until the exact state of her defective refraction has been ascertained; then we shall proceed to correct it with the proper glasses.

(To be continued.)

DR. T. J. THOMASON died recently at Perrineville, New Jersey, from cancer of the tongue. In 1873-74 he was president of the New Jersey State Medical Society.

TRANSLATIONS.

ON THE CURE OF BRIGHT'S DISEASE.—Prof. E. de Renzi, of Genoa (*Virchow's Archiv*, Bd. lxxx. p. 510), has within the past two or three years had a number of cases of Bright's disease under his care. In six of these it was possible to keep accurate notes of the quantity of urine, albumen, and the other principal symptoms, and at the same time to observe the effects of the various remedies used. For a certain number of days a given remedy was employed; then for another series of days another means of treatment was employed. Thus by a comparative method the influence of various methods of treatment could be studied. Some of the remedies were quite new, which lent additional interest to the investigation. Such a study would appear all the more necessary, because the usual treatment for Bright's disease, although often of use in improving the patient's condition and appearing to arrest the course of the disease, is in most cases quite ineffectual in bringing about an entire cure. The conclusions drawn by Renzi are as follows. 1. Chronic Bright's disease left untreated shows no improvement, and must be excluded from the category of diseases which occasionally terminate favorably without treatment. During the first days of treatment in the clinic, or when the treatment is suddenly broken off, the quantity of albumen in the urine is increased. 2. *Fuchsine*, which has been recently brought forward as a remedy in Bright's disease, causes a marked diminution in the quantity of albumen. Renzi has used it under two forms, dissolved in water, or mixed with an indifferent extract in pills of two and a half centigrammes. On account of the fact that the deep coloration of solution of fuchsine prejudices patients against it, the pill-form appears to be the most convenient. 3. The daily dose of fuchsine may be made much larger than that heretofore prescribed. Renzi usually begins with a small dose, as 0.05, gradually increased to 0.25 within twenty-four hours. He has never observed any untoward physiological effect from the use of fuchsine. Depending upon the dose of fuchsine the urine begins sooner or later to assume a red color, which it retains during the continuation of the treatment, and usually for five days after. 4. In Bright's disease the urine often shows mucus; fuch-

sine is particularly useful in combating this condition, which it removes entirely. The mucous membrane of the digestive organs becomes deeply colored by fuchsine, and the plasma of the blood also becomes decidedly colored. Investigation shows this latter effect to be due not to any increase in hæmoglobin, but to the solution of fuchsine in the blood. 5. If fuchsine does not appear in the urine, this is a sign of an organic disturbance; in this case it is of no use against the albuminuria. 6. Rest in bed is a valuable adjunct to treatment in Bright's disease, for the purpose of limiting the amount of albumen passed. In connection with milk diet this plan caused the most considerable diminution of albumen. Renzi has often observed that unusual movements of the patient have an unfavorable tendency on the course of the disease. 7. Apomorphia is usually well borne, and Renzi has used it in doses of five to six centigrammes without disagreeable effect. In one case this method alone served to improve materially the patient's condition.

CURE OF STRABISMUS BY MYDRIATICS.—Dr. Boucheron read a paper on this subject recently before the *Académie de Médecine* (*Le Progrès Méd.*, 1880, p. 562). His treatment is based on the physiological fact, not previously published, that the accommodation of the eyes for short distances governs the convergence of the eyes. Dr. Boucheron proposes to combat the excessive convergence of hypermetropic eyes and the converging strabismus resulting therefrom by suppressing the accommodation temporarily by atropinic paralysis of the muscles of accommodation. The results of this treatment may be summarized as follows. The condition *sine qua non* of success is the intermittence of deviation of the strabismus, indicating that the internal recti muscles are no longer retracted and shortened as a result of their habitual vicious position. Instillations of sulphate of atropia (one and a half grains to the ounce of distilled water) should be made from the first appearance of the strabismus, before any change takes place in the convergent muscles. The instillation should be practised in both eyes, so as to obtain a complete paralysis of the muscles of accommodation. One or two drops morning and evening of the solution above indicated produce the pupillary dilatation desired. The instillation should be continued during a period

sufficiently long to cause this habit of excessive convergence when the infant looks at any near object to disappear. This medication places the child suffering from hypermetropic strabismus in the condition of non-strabismic hypermetropic persons. The duration of the treatment is less long when the child is younger and the strabismus of relatively shorter standing. Generally the strabismus disappears within two or three weeks, but it shows a tendency to relapse for some months, or even a year, subsequently, in older children. In the cases under Dr. Boucheron's care the atropia has caused no inconvenience. When atropia is badly borne, one of the other mydriatics, as duboisine, may be employed in place of it. In certain cases, myotics, like eserine, which immobilize accommodation by contracting the ciliary muscle, may modify the relation which exists between accommodation and convergence and cause the strabismus to cease; but mydriatics have the most certain effects. Employed in nine cases of intermittent convergent strabismus in children, this plan of treatment has been successful eight times.

CARBOLIC ACID AS AN ANTIPYRETIC.—Dr. Desplats (*La France Méd.*, 1880, p. 579) asserts: 1. That carbolic acid administered in febrile cases in sufficient doses always lowers the temperature suddenly. 2. The temperature may be kept down by fresh doses of the medicine at will. 3. Doses of carbolic acid heretofore considered toxic may be surpassed without danger. Some of Dr. Desplats's patients have taken for many days continuously eight, ten, and twelve grammes of carbolic acid.

CHARCOAL IN INFANTILE DIARRHŒA.—Dr. Jules Guérin recommends the employment of finely-powdered charcoal, given in the nursing-bottle with milk, for the diarrhœa of young children: a dessertspoonful is sufficient. He has recently cured a case of diarrhœa with vomiting by this means.

A PREMONITORY SYMPTOM OF URÆMIA.—Dr. Ortille (*La France Méd.*, 1880, p. 579) says that uræmia is one of the possible modes of termination of uterine cancer, occurring as a consequence of the obstruction of the ureters from the growth. A premonitory symptom of this condition is the sudden and total disappearance of all pain. Dr. Ortille further asserts that uræmia is not a poisoning,—that is, an

alteration localized in the blood or one of the principal tissues,—but is a cachexia,—that is, a general trouble involving all the organs.

EXCITABILITY OF THE VASO-MOTOR (VASO-DILATATOR) CENTRES IN THE NEW-BORN.—We know already that the excitability of the nervous system in the foetus is somewhat different from that of the adult. Soltmann found that the electrical stimulation of the cerebral cortex was not followed by any effects before the tenth day of extra-uterine life. This fact was well established also by Farchanoff. I may add that the excitability commences afterwards to increase moderately until the nineteenth day, when an epileptic attack can be produced by an electric current. The excitability of the motor nerves in the new-born to the electric stimulus is not so great as in the adult, and goes on augmenting until the fifth week (Soltmann). Somewhat later the same writer proved that the cardiac inhibitory nerve-centres were very little or not at all developed at birth, because stimulation of the pneumogastric produces only a little retardation of the pulse. Anness obtained the same results in cats, in which the activity of these centres appeared from the seventh to the fourteenth day.

The above experiments incited me to the study of the vaso-motor system. The following is my experience on cats and dogs:

I. Experiment on a pup born the previous night. On electrical stimulation of the lingual nerve, no alteration at all was noted in the organ. The sympathetic of the right side was cut, and some increase in the heat of the corresponding side of the head and ear was noticed, though in a slight degree. The duct of Wharton was then divided, and viscid saliva began to flow, and, on cutaneous injection of pilocarpin, a copious salivation occurred.

II. In another pup, of the same age, no alteration occurred on stimulation of the lingual nerve.

III. In another pup, similar to the previous ones, on stimulation with a weaker current dilatation of the vessels of the tongue occurred, accompanied with the same phenomena as in the adult.

IV. A pup born in the preceding night. On stimulation no alteration was noted.

V. In a brother of the previous pup, on stimulation of the right lingual nerve a notable dilatation of the lingual vessels of

the same side was observed, the surface assuming a very prominent, bright color, the corresponding margin of the tongue appearing larger.

VI. In a cat three days old, no alteration was observed on stimulation.

I conclude that the vaso-motor centres as well as the inhibitory are not sensible to stimulation on the first days of extra-uterine life.—*Extract from Giornale Lo Sperimentale*, 1880. P. B.

PAROTITIS AS A COMPLICATION OF OVARIOTOMY.—R. Möricke (*Zeitschr. f. Geburtshilfe u. Gynäkol.*; *Cbl. f. Chir.*, 1880, p. 667) says that the not very uncommon concurrence of parotitis and inflammation of the testicle has its analogue in the female sex, certain cases having been recorded where parotitis followed or became interchanged with disease of the female sexual organs. Among two hundred ovariectomies reported by Schröder, parotitis was observed in five cases; only one of these could be referred to infectious disease, consequently there could be no question of metastasis. The enlargement began in one case on the fourth day, in the other cases from the sixth to the seventh day. In three cases suppuration of the parotid gland occurred. One patient died of this affection, so that in debilitated individuals it may be regarded as a serious complication of ovariectomy. The relationship of the two affections is difficult to understand.

LAPAROTOMY IN PREGNANCY.—In two hundred ovariectomies C. Schröder (*Zeitschrift f. Geburtshilfe u. Gynäkol.*; *Cbl. f. Chir.*, 1880, p. 667) made seven in pregnant women. All seven terminated favorably for the mother. In four cases the women went to term, which is not unfavorable when it is considered that a living child could have been expected in only one case without ovariectomy. After remarking that only with the help of every means of diagnosis can the existence of the complication of ovarian tumor and pregnancy be made out, Schröder concludes that the operation is a justifiable one. On account of the development of the venous circulation in the broad ligament during the later months of pregnancy, the most favorable period for operation is the earlier one. Six months after delivery is, according to Schröder, the earliest moment at which the operation should be undertaken.

Speaking of the simultaneous occurrence of pregnancy and uterine myoma, Schröder alludes to the extreme difficulty of diagnosis, and, after mentioning the difficulties in the way of a birth at full term in these cases, which authorize the physician to bring on abortion, he gives a case in which he performed myotomy on the gravid uterus at the end of the sixteenth week of pregnancy. The tumor was a large pedunculated, subserous myoma, which was connected with the omentum and with two small subserous myomata. The extreme distress to which the growth of the uterus and of the myomata gave rise indicated the removal of all these myomata. The result was favorable, and birth was completed at full term with the aid of the forceps.

PRIMARY CARCINOMA OF THE LYMPHATIC GLANDS.—E. Chambard (*Rec. Mens. de Méd. et de Chir.*; *Cbl. f. Chir.*, 1880, p. 670) gives the case of a cachectic woman of 63, in whom, on examination, both axillæ and both supra-clavicular regions were found full of hard nodules of various sizes, movable and immovable, which were evidently enlarged lymphatic glands. At the under boundary of the right axillary group of lesions a pea-sized scirrhous of the skin was found. The whole left arm, in the axilla of which the lesions were most marked, was œdematous. *Both mammae were intact.* Two months later, the disease had made decided progress; both the breasts were unquestionably carcinomatous, and in the skin of the left mamma numerous scirrhous tumors could be seen. Ulceration took place in the axillæ, and the patient died some four weeks later. The autopsy revealed, in addition to the lesions above mentioned, extensive tumors of the lymphatic glands in the anterior mediastinum, metastatic tumors in the outer surface of the pericardium, both lungs, the liver, the capsule of the right kidney, etc. Microscopic examination showed these to be carcinomatous. Chambard concludes the case to have been one of primary carcinoma of the lymphatic glands.

TUMOR OF THE MESENTERY—GASTROTOMY—RECOVERY.—A Parisian of constipated habit, but of good general health, was seized with violent abdominal pain of an intermittent and excruciating character. Failing to gain relief, he was operated on by Dr. Tillaux by gastrotomy, with antiseptic precautions. On opening the abdomen, a

tumor the size of a foetal head was discovered, involving the mesentery, and was removed. On examination, this tumor was found to be cystic, and filled with fatty matter. The patient made a good recovery. —*Bull. Gén. de Thérap.*, vol. ii., 1880, p. 229.

MILK DIET IN HEART-DISEASE.—Dr. Potain (*Bull. Gén. de Thérap.*, vol. ii., 1880, p. 232) says that milk diet is particularly efficacious in secondary affections of the heart, hypertrophy or simple dilatation of renal or gastric origin. This regimen acts on the stomach or kidneys by affording complete repose. It should be continued for a long period. It is useful also in simple reflex palpitation of gastric origin. In order to be efficacious, the milk regimen should be well borne by the stomach. Three quarts daily appears to be the proper average amount to be ingested.

SYPHILITIC NEURALGIA.—Dr. Mauriac employs the following formula:

R Pulvis iodoformi, ℥i;

Ext. et pulvis gentianæ, q. s.

Fiat in pil. no. xx.—M.

Two or three to be taken daily.

FORMULA FOR HYPODERMIC USE IN SYPHILIS.—Dr. Yvon (*Bull. Gén. de Thérap.*, 1880, vol. ii., p. 217) recommends the following as not exciting local irritation, not coagulating albumen, and as easily absorbed:

R Hydrarg. biniodid., } aa gr. xv;
Potassii iodidi, }
Sodii phosphat. (tribasic), ℥iiss;
Aque destillat., ℥xii.—M.

Six minims of this solution will contain one-eighth of a grain of the mercurial salt.

TREATMENT OF GASEOUS DYSPEPSIA.—In this form of dyspepsia, accompanied by fermentation with the rapid disengagement of large volumes of gas after meals, the most satisfactory remedy is chloroform, in the dose of fifteen to twenty drops in a little syrup. After a few moments the gas is expelled from the stomach and fermentation arrested.

TREATMENT OF PHTHISIS BY CREASOTE.—M. Boyer administers the creasote as follows: Creasote, ℥ij; rum, ℥iv; glycerin, ℥iv; one or two tablespoonfuls to be taken daily after meals in a little soda-water. It is in the torpid and scrofulous forms of phthisis arrived at the second stage that M. Boyer uses the above mixture.

PHILADELPHIA MEDICAL TIMES.

PHILADELPHIA, DECEMBER 4, 1880.

EDITORIAL.

THE SECRETS OF THE CONSULTING-ROOM.

WE earnestly ask our readers in this State that they will use their personal influence to secure the passage of a law by our Legislature recognizing the relation between the doctor and the patient. The secrets of the lawyer's consulting-room and of the priest's confessional are held inviolate by the law. Is not the relation between physician and patient as delicate and as important as that between lawyer and client? are not the revelations known to be necessary for the cure of the ills of the body as worthy of the recognition of the law as are those believed to be necessary for the cure of the ills of the soul?

A law of the character spoken of has existed in New York since 1828, and is said by the Medico-Legal Society of the State to have worked well. It is now proposed to copy this enactment in our State. The text of it is as follows:

"No person duly authorized to practise physic or surgery shall be allowed or compelled to disclose any information which he may have acquired in attending any patient in his professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon."

The medical profession can, if it will, mould legislation in regard to itself. What is wanted is *individual* effort by the doctors through the State. You physicians who recognize the importance of the law, make it a point to see personally, or, if this be impossible, to write urgently to, your representatives in the two legislative bodies, and pledge them if possible.

Some years since, when working for an appropriation to one of our hospitals, we went to Harrisburg with a well-known

politician and lobbyist. The question was asked, Shall we depend upon seeing the committee and the Legislature, which had appointed an hour for seeing us? "D— this shooting into flocks; pick out your bird," was the reply. Not much piety, but much worldly wisdom,—the very secret, indeed, of successful lobbying.

THE raids of American publishers have been sufficiently violent in their disregard of the rights of English authors, but we doubt if any acts can be found which will quite parallel the recent doings of an English firm. The well-known series of American Health Primers are apparently being republished in London *in extenso*. This is certainly complimentary to their authors; but, unfortunately, the authors' names are suppressed and every effort made to give the impression that the books have been written in England. The series appears as "Ward & Lock's Long Life Series," and is announced as "accurately written and carefully edited by distinguished members of the medical profession." Four of the republications have reached this country. In Dr. White's book there is but a single alteration, in Dr. Harlan's one, in Dr. Cohen's eleven, whilst in Dr. J. G. Richardson's changes are made on no less than thirty-seven pages. Two or three of these modifications are slight verbal corrections, whilst the others are of such a character as to show that they were made for the purpose of concealing the American origin of the books.

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

A CONVERSATIONAL meeting was held at the hall of the College of Physicians, Philadelphia, October 13, Dr. Albert H. Smith, president of the Society, in the chair.

Dr. George Hamilton read a paper entitled "Hemorrhage incident to Parturition" (see No. 339, page 99).

Dr. Blackwood, in opening the discussion, inquired how long it would be advisable to allow a placenta to remain before removing it, in the opinion of the lecturer.

Dr. Hamilton said that no inconvenience resulted from the placenta remaining a considerable length of time. In one of the cases he had reported it remained for thirty-six hours without doing any harm. No regular time can be laid down, but it will vary with special cases.

Dr. Packard said that there were two or three points that had occurred to him while listening to the paper. First, is post-partum hemorrhage, with the practitioners of medicine in this country, a matter of such frequent occurrence? It would seem, from the discussion of the matter in the English journals, that the number of cases must be entirely out of proportion to that which we meet with here; whether owing to mode of living, the climate, or other conditions, he could not say. Secondly, he inquired whether delivery of the placenta by Cr  d  's method is not so generally followed by physicians as to do away with methods formerly in vogue? thirdly, whether the administration of ergot after the uterus has been emptied is not the correct mode? and, finally, whether the injection of hot water has not been a success in the hands of the members present who have employed it in the treatment of post-partum hemorrhage?

Dr. William Goodell admired the candor with which the cases had been reported by the lecturer. The two cases were diverse, and would have tried the skill of any physician. In the first case he would not say how far the manipulation was wrong or right, but his own practice would have been not to have disturbed the woman as long as there was no bleeding. If hemorrhage occurred, the only thing to be done was to deliver. However, he did not know that anything better could have been done than was done. He considered it a case of concealed accidental hemorrhage, in which a good deal of blood had been thrown out under and around the placenta, and had been subsequently expelled. Some years ago, in writing a paper on this subject for the Obstetrical Society of this city, he had looked up the statistics bearing upon this complication of labor, and had found that the mortality was frightful.

The second case was a bad one of post-partum hemorrhage, and, having no treatment, the patient was virtually moribund before the physician arrived, and he had no chance. The first thing to do in such cases is to relieve the woman,—empty the uterus and then resort to ice or hot water.

The subject of hemorrhage incident upon parturition was such a great and important one that he scarcely knew where to begin and where to end, but, as he had been asked for his experience, he would give his own rules

of practice. In regard to the removal of the placenta, he usually delivered it by Cr  d  's method as soon as the womb was sufficiently contracted. If a woman is known to be a bleeder, it is important to take some measures to prevent hemorrhage. His own practice was to give a good dose of ergot and a good one of quinine towards the end of labor, and to delay the descent of the shoulders and body so as to secure good contraction of the uterus. When the child's body is partly born, slapping the shoulders will cause convulsive movements of the legs, which will stimulate the uterus and make it contract.

He always gives ergot immediately after delivery in a primipara, and as soon as the perineum begins to bulge in multipara, not only with a view of preventing bleeding, but also to hinder the absorption of putrid lochia. Ergot is thus a good remedy when given in time, and especially so in bleeders. He recalled the case of a lady, the wife of a physician, who had a history of severe post-partum hemorrhages, and who had also taken chloroform in her two previous labors. He determined not to give chloroform on this occasion, but was obliged to yield to the entreaties of the family. He, however, stipulated that she should have full doses of ergot. During the second stage of labor the husband was directed to give a teaspoonful of the fluid extract of ergot. After the birth of the child a hemorrhage of the most formidable character took place. It was simply frightful. He had never before seen a patient recover from such a loss of blood. To add to the difficulties of the case, the woman became maniacal from the effects of the chloroform, and rolled from side to side of the bed, shrieking and screaming. The hemorrhage was finally stayed, and she rallied, but only under full doses of opium. It was hours before the pulse at the wrist came up so as to be felt. The husband afterwards acknowledged that, fearing the impressibility of his wife's constitution, he had given only ten drops of ergot, instead of the full dose ordered.

This brings up the question of an  sthetics in obstetrical practice. From his own observation he believed them dangerous, and especially so when ether is given. Chloroform can be administered at the beginning of a pain, and withdrawn immediately after it has passed. But if ether is used its full an  sthetic effect must be maintained between the intervals of the pains, or else the pains are felt more keenly. Hence the womb is liable to become relaxed from prolonged an  sthesia, and the danger to the patient is much greater than where it has not been given or chloroform has been used.

In post-partum hemorrhage he invariably gives ergot. Where it is anticipated he always gives a teaspoonful of fluid extract of ergot when the head has cleared the os uteri. He always follows the womb down with the hand, and if

there is any hemorrhage removes the placenta by expression as soon as the womb has contracted. If, however, the hemorrhage is dangerous, he delivers the placenta at once, and then resorts to lumps of ice within the cavity. This he had generally found to be efficient; but he always held the hot water in reserve. He would, however, make the addition of vinegar to the hot water. Of the value of vinegar as a hemostatic there is no doubt. He had found it of great service after the removal of large growths in the enucleation of fibroid tumors of the womb, and particularly in operations on a cancer of the womb, as well as in ordinary operations, when the bleeding interferes with the progress or the success of the operation. He fully endorses Prof. Penrose's championship of its utility in labor, but would suggest the combination with hot water as being doubly efficient. Having a wholesome fear of the subsulphate and the tincture of the chloride of iron, he would reserve their use to such desperate cases as resist the ice and the usual remedies. He feared these remedies, because, in a very bad case, some years ago, he injected the iron and promptly stopped the hemorrhage, but septic peritonitis rapidly ensued and carried off his patient. This untoward result he attributed to the decomposition of the plaster-like clots formed in the uterine cavity by the iron, and left behind.

Dr. D. M. Barr did not believe that anæsthetics increased the liability to hemorrhage, and from his own experience was satisfied that a proper anæsthesia not only does not interfere with, but, on the contrary, favors, the use of means to arrest hemorrhage. The patient is passive, manipulation meets with neither excitement nor resistance, and unless the anæsthetic effect be too profound, beyond what should ever be used in the lying-in room, the uterus will respond as promptly in the anæsthetized state as in its absence.

He had used anæsthetics largely in labor cases, and had never seen contractions interfered with or hemorrhage induced by them, and stated that similar testimony is not wanting from those who have used anæsthetics over thirty years continuously.

He had one case of death from hemorrhage, after a premature labor, induced by the mother at eight months. Cold water was poured upon the abdomen, and ice was introduced into the cavity of the uterus, in accordance with the teaching at that time,—fifteen years ago,—but contractions failed to set in, and the woman bled to death as from a loose bag. No anæsthetic was used in this case. Carbolyzed hot water would certainly seem to be the more rational treatment, but was not dreamed of then.

In a recent case of placenta prævia, in which the woman was almost bloodless from repeated hemorrhages, and in the face of a copious hemorrhage at the onset of labor,

she was anæsthetized, the child turned, and the hemorrhage controlled as perfectly as though she had suffered all the agonies which pertain to turning under ordinary circumstances.

If these facts be true, is not woman entitled to the benefit of anæsthesia in labor? and should not our teachers and leaders in medicine rather instruct in the proper use than forbid the use of this comfort?

Dr. Addinell Hewson said that in the place of the ordinary anæsthetics he had been in the habit of inducing analgesia by rapid breathing, which can be instituted at the onset of a pain and suspended in the intervals. There is no interference with the action of the uterus by it, and no difficulty is experienced in any operation requiring the co-operation of the patient, for the patient is not unconscious, although free from suffering. He recommended a further extension of this method in obstetric practice. In regard to the use of ergot hypodermically after delivery, he said that he used it so constantly with satisfactory results, while the patient was insensible from the rapid breathing, injecting the remedy into the back part of the thigh, and had found it to be much more efficient so than when given by the mouth.

Dr. William T. Taylor, in referring to Crédé's method, said that it was suggested to him and practised by Dr. Charles M. Griffith about twenty-five years ago, the recommendation being to squeeze the uterus and force the placenta from it.

Dr. Charles B. Nancrede differed from Dr. Barr, and was satisfied that anæsthetics do stop the pains of labor.

Dr. W. H. Parish remarked that one point brought out by the lecturer was in reference to the need of immediate interference in cases of active bleeding, especially post-partum bleeding. Dr. Parish believed in the necessity of active interference. The question of removal of the placenta is the first presenting itself. If allowed to remain, it can be of no service, and may be of much harm. The hemorrhage usually comes from the placental site. The uterus cannot fully close the bleeding orifices except by complete contraction, and this will not occur until after its cavity has been emptied. The so-called Crédé method, according to Barnes, was in vogue in Great Britain prior to the association of Crédé's name with the procedure. This method is the best one, although not invariably successful.

When the bleeding is from the placental site, it ceases after the removal of the placenta and the full contraction of the uterus. In some cases the bleeding is from a lacerated cervix; in such a case Crédé's method has a special advantage over the introduction of the hand, inasmuch as the latter may increase the tear and add to the hemorrhage. He related a case in which the physician left

a retained placenta in the uterus and vagina, and when seen by Dr. Parish, twenty-four hours after the birth of the child, the after-birth was in a state of putrefaction. He would not, therefore, be willing to leave a placenta for thirty-six hours after labor, as had been done by the lecturer, but believes in its immediate removal if hemorrhage exists.

He had been impressed with the value of hot-water injections, and from experience he believes that they have special advantages. Ergot, which is indispensable in all the forms of hemorrhage, and should be administered when there is laceration of the neck, will not, however, in the latter condition, check the bleeding. Hot water injected against the cervix and into the uterus will stop this bleeding, aid in keeping the womb in contraction, wash away blood-clots, and diminish the danger of septic poisoning.

Where the patient has lost blood until exhausted, ice or cold water and ergot do not suffice to stop the bleeding with sufficient promptness. In this condition hot water injected into the cavity of the womb will secure immediate uterine contraction and promptly stop the bleeding.

In two or three hospital cases he had, a few years ago, injected into the uterus to control post-partum hemorrhage a weak solution of Monsel's salt. The patients recovered without symptoms necessarily dependent upon the injections. He would not now, since he has learned the value of hot water, resort to such a remedy as Monsel's solution by injection. In a case of placenta prævia he saved the child by rapid delivery after podalic version, and saved the mother from impending death from hemorrhage by carrying a piece of cloth saturated with Monsel's solution into the uterus and swabbing the placental site.

Dr. Atkinson endorsed the opinion of Dr. Goodell as to the value of Crédé's method; but Dr. Atlee had taught and employed it as early as 1853, long before Crédé recommended it. Hot-water injections he uses with great satisfaction, had never needed to add vinegar; as a prophylactic he generally gives quinine and ergot. He had noticed that there was a liability to hemorrhage in women who have a varicose condition of the veins of the vagina and neck of the uterus; and he has now a case under observation in which there has been very decided hemorrhage in previous labors.

Dr. Goodell said that he would like to make a single remark more. In regard to Crédé's method of delivering the placenta, it was stated by Dr. Parish, who quoted Dr. Barnes of London, that this method was taught and practised in the Dublin school many years ago; but the Dublin school merely placed the hand above the uterus, and followed it down as it contracted. Crédé's method, however, is more than this: it is, in addition, the

expression of the placenta by forcibly squeezing it off and out of the womb by the hand. The placenta is thus forced out like the stone from a cherry when pinched between the thumb and forefinger. He did not believe that this plan had ever been practised by Dr. Atlee or by any one else before it was devised and recommended by Crédé; at least such a plan had never been described or published by any other physician.

Dr. Hewson said that when he was a resident in the Rotunda Hospital, Dublin, in 1851, the method then taught there was similar to that mentioned by Dr. Goodell, of following down the uterus and not of squeezing the organ with the hand.

Dr. W. R. D. Blackwood recommended the hypodermic injection of ergot as the only serviceable method. In one case, after giving without result two ounces of Squibb's ergot by the mouth, he had injected one drachm hypodermically, and the hemorrhage stopped at once.

In a practice of twenty-three years he was satisfied that the use of anæsthetics does tend to produce post-partum hemorrhage: he therefore uses them only where absolutely necessary, as in instrumental delivery.

With reference to the propriety of leaving the placenta when adherent, he reported the following case. While at Huntsville, Alabama, in 1867, he was called to see the wife of a hospital steward with retained placenta after delivery. He insisted upon its removal, but was overruled. In eighteen hours septic symptoms set in, and in a few days the woman died of septicæmia. He had experience in other cases, and now is not satisfied until he has introduced his hand and peeled the placenta completely from the uterus, and satisfied himself of its *absolute* removal. He was so fully satisfied of the importance of the extraction of the placenta that he would rather invert the uterus, if necessary in order to peel off the placenta, than leave any part of it in to poison the patient. This statement he made deliberately, and would at another time support it by the history of a case in point.

Dr. W. S. Stewart insisted upon a digital examination in cases of hemorrhage, for a portion of the membranes or a clot may act as a wedge to keep the uterus from contracting, and open the vessels which had been already closed. If neglected, it may produce fatal hemorrhage or convulsions. He recalled the advice of the late Dr. Meigs to a young physician, "to go to church once a day, and don't forget to turn out the clots."

Dr. Wm. M. Welsh spoke of a case illustrating the value of vinegar in post-partum hemorrhage. The fetus of eight months had been dead several weeks; bleeding continued after delivery, applications of ice failed, but vinegar stopped it at once.

Dr. Albert H. Smith said that he had

brought the subject of the use of hot water in post-partum hemorrhage to the notice of the Society some time ago; he had seen no reason to change his opinion of the value of the practice which he then held; on the contrary, his experience had steadily confirmed and increased the good opinion then expressed. One point had not been brought forward in this evening's discussion that is of special importance,—the use of hot water in every case after delivery as a prophylactic against hemorrhage. He would now believe that he had not done his duty to his patient if he had not at hand a syringe and a vessel of hot water, with about two per cent. of carbolic acid, ready for use immediately after delivery.

He recalled a case analogous to Dr. Goodell's, also the wife of a physician, that he had attended. There had been violent hemorrhage in two labors, so that after the second labor she was obliged to lie with her feet higher than her head for two days before reaction was established. In the third labor he used hot water in the manner described as a prophylactic. Having delivered the placenta by the method now called Cr  d  s, the moment it was delivered he had the hot water ready and injected about a quart. The uterus contracted at once, there was no bleeding, and the secondary hemorrhage which had occurred in her previous labors did not appear. The case progressed like an ordinary normal labor.

The one great advantage in the use of the hot water is that it washes out the uterus, bringing away all coagula and shreds of membrane which often form the nucleus for fresh coagulation. This he regarded as very important, and now always uses it after labor without exception. In a large number of cases the bleeding comes from a clot or mass of blood in the mouth of a large vessel at the placental site. The contraction of the uterus, and closure of the mouths of the vessels, are necessary to prevent post-partum hemorrhage. If the clot remains distending the mouth of the vessel and projecting into the uterine cavity, it is practically the same condition as where the placenta blocks up the mouth of the uterus, as mentioned by Dr. Parish: the uterus cannot completely close, the patulous vessels do not collapse, and the blood continues to pour forth in excess, coagulating and accumulating, until suddenly the whole uterus relaxes. If this is overlooked and neglected and a complete clearing-out of the uterus not insured at first, bleeding may occur in the course of a few hours after the physician has left the house, and the patient may lose her life before he returns. He had never yet seen the case in which the hot water had been used where secondary hemorrhage appeared.

In hemorrhage, also, from the neck of the uterus, which, as has been already stated, occurs from a different cause from that in the cavity of the uterus, namely, from a laceration

of its tissue, hot water is very serviceable; it is both very efficient and easy of application. He thought that by its aid post-partum hemorrhage is shorn of its terrors, for now we need not be afraid of its appearance, having a syringe and a pitcher of carbolated hot water ready for injection.

Dr. M. O'Hara, in reply to Dr. Packard, said that he did not think post-partum hemorrhage is very common in this country: in a large practice he had seen it in very few cases. He inquired whether tincture of iodine is now used for intra-uterine injection, as it was very much praised a few years ago in post-partum hemorrhage. In regard to Cr  d  s' method, he had not been able to detach the placenta in some cases by this means, and was obliged to introduce his hand. He recalled a case reported by the lecturer some years ago to this Society, in which about one-third of the placenta was allowed to remain in the uterus on account of adhesions, and gave no further trouble.

Dr. George Hamilton said that he well remembered the case mentioned by Dr. O'Hara: one-third of the after-birth remained in the uterus. The woman gave birth to the child three or four weeks before it was expected; the f  tus was still-born, the placenta adherent. There was no hemorrhage of any consequence in this case, although it was necessary to introduce the hand up to the fundus of the uterus on the left side and tear off the placenta. He could not succeed in removing it all, there was so much hardness and toughness of the placenta; only about two-thirds came away. There was still no hemorrhage. Having consulted several friends upon it, he decided to leave the remainder in. Dr. Carson agreed with him that it was not justifiable to use any more force. He afterwards saw Dr. Goddard, who insisted that it must come away. He tried it again, but failed. Nothing adverse happened; the woman got over it, and could not afterwards remember that she ever passed away any more fragments.

In many cases he had left the placenta in for twelve or eighteen hours without bad results. In the second case included in the paper there was not much hemorrhage at the time, but she had previously lost a great deal of blood.

Dr. Blackwood read a paper on "Anthrax  mia." (See No. 339, p. 102.)

A vote of thanks to Dr. Hamilton and Dr. Blackwood was unanimously passed.

F. W.

OINTMENT FOR SORE NIPPLES.—

R Tannin, 3j;
Subnitrate of bismuth, 3ij;
Vaseline,   j.

M. Sig.—To be applied constantly when the child is not nursing.

TRI-STATES MEDICAL SOCIETY.

PROCEEDINGS OF THE SIXTH ANNUAL SESSION.

Held at LOUISVILLE, November 9, 10, 11, and 12, 1880.

Reported for the *Philadelphia Medical Times* by A. H. KELCH, M.D.

THE Tri-States Medical Association began its sixth annual session in Louisville, November 9, 1880, at the Masonic Temple, there being present at the opening perhaps fifty visitors from different portions of the States included by the organization.

The forenoon session of Tuesday was devoted to the deliverance of addresses of welcome by the municipal and State officers and members of the medical profession, and to the transaction of necessary business, such as the reports of the various officers and committees. This business being speedily dispatched, the afternoon session began the regular work of the programme. Dr. H. V. Black, of Jacksonville, Ill., read a paper on the "Histopathology of Scarlet Fever," the notable points in which were that the doctor holds the view that the tissues of election by the disease are those evolved from the external and internal blastodermic membranes, and that when the disease extends to tissues more or less widely differentiated from these it is accompanied by a radical change in the character of the inflammatory process peculiar to the disease; that the desquamation extends to the alimentary tract, and that this theory will account for many of the sequelæ of scarlet fever, which many regard as complications, while they are in fact intrinsic phenomena of the disease. Thus the affection of the kidneys, he says, while a grave lesion in some cases, is none the less a factor of the disease in all cases.

Dr. J. B. Richardson, of Louisville, read a paper on the subject of "Tubercular Cerebral Meningitis," and under the call for volunteer papers Dr. William H. Wathen, of Louisville, read a paper on "Lacerations of the Cervix Uteri."

The address of the president, Dr. H. B. Buck, of Springfield, Ill., was delivered at 7.30 P.M., after which it was announced that Dr. S. W. Gross, of Philadelphia, would favor the Society with a paper, which he did on the following morning, on the subject of "Malignant Tumors of the Mammary Gland." The paper was founded on the facts contained in the work of Dr. Gross on this subject.

Dr. B. M. Griffith, of Springfield, Ill., read a paper on "The Practice of Medicine," touching upon the various theories as to the causes and treatment of disease as each has presented itself and had its day of preference. After Dr. Griffith came Dr. Horace Wardner, of Anna, Ill., president of the State Board of

Health. Dr. Wardner read an interesting paper on "State Medicine."

At the afternoon session Dr. Dudley S. Reynolds, of Louisville, exhibited Snellen's *Phacometer*, constructed by Kaganaar, of Utrecht, and an improved form, constructed under the direction of Prof. Reynolds, by Cook & Sloss, of Louisville. The improvement to which attention was called consisted in the addition of a graded dial attachment to the sliding register. The advantages of this improvement are found chiefly in measuring cylindrical lenses, the axes of which appear instantly on observing the luminous points upon the register, noting only the direction of the lines which show the axes of the lens. A great addition to the convenient manipulation of the phacometer was made by Cook & Sloss, who placed a box over the beam of the instrument extending from the lamp to the centre of the beam. In the plate which holds the two lenses are fastened on each side brass rods pointing directly in the horizontal line, upon which the frames of spectacles to be tested may rest. This secures absolutely invariable relations between the spectacle lenses and the register on the dial-plate. An improvement has also been made in the clasp, which is now made to work by a spring attachment, which holds the jaws of the clasp gently together and allows separation of them without any opening of the stem. The bellows attachment extends from the dial-plate of the proximal lens at the centre of the beam, and, as the ribbon is made to draw the dial-plate towards the centre, the bellows arrangement admits of simple folding of the apparatus, thus constituting a telescopic tube of folding capacity as well as that of extension. The value of the phacometer for testing spectacle lenses can scarcely be appreciated by those unacquainted with the instrument. The spectacle lenses commonly found in the shops rarely have uniform refracting powers. They generally show in the direction of one of the crossed lines of luminous points a want of symmetry, and have rarely, in the quadrants brought under observation by the phacometer, an equal amount of refracting powers. This announcement proved somewhat astonishing to a number of the gentlemen present, and several pairs of spectacles were at once passed up to the stage for examination, but one pair of which was found to be correctly graded. It was announced that most of the lenses in oculists' test cases put up by the best and most celebrated manufacturers are incorrectly graded, and whilst the lenses themselves may be perfectly symmetrical, having definite and distinct refracting powers, they do not correspond to the figures stated upon their margins.

The method of calculating the powers of lenses by their radii according to the metrical system has proved unsatisfactory, as the dioptra, which is the basis of the calculation, is itself an indefinite quantity. The only suc-

cessful method of grading lenses is by the adoption of a system governed by the foci of the lenses themselves. For example, in grading a series of lenses it should be borne in mind that it may be necessary to recognize such as have refracting powers sufficient to focus light at the distance of about three-sixteenths of an inch from each other, bearing in mind that this space is a fraction less than the grades of high refracting lenses marked one-fourth. We are then prepared to recognize such as correspond to some definite mathematical scale of projection in refracting power, without attempting to measure actually the radius of curvature upon the surface of a transparent body of small dimensions. The phacometer offers a practical test of the real effects produced by compounding lenses. It affords an invaluable method of testing the practical result of all optical calculations for the correction of defects of refraction in the eye. It may thus be seen that the phacometer is an invaluable aid to the oculist as well as to the optician, and that the improvement proposed in the grading of the dial-plate, upon the surface of which the luminous points are projected, forms one of the most useful features of the instrument, for without this it would be extremely difficult to determine the axes of cylindrical lenses; and it is this class of lenses above all others which require graded measurements.

Dr. J. R. Weist, chairman of the section on Surgery, next read a paper on the subject of "Bronchotomy for the Extraction or Relief of Foreign Bodies in the Air-Passages;" under the term bronchotomy were included all operations by which the larynx and trachea are opened. Dr. Weist from the results of a study of eight hundred and seventy-eight cases arrives at the conclusion that the surgical rule proposed by Dr. Gross lacks the confirmation of experience. While the statistics of Dr. Gross show nearly a double percentage of fatality in those cases not interfered with over those in which operations have been performed, the statistics of Dr. Weist show but two per cent. in favor of such operations,—a percentage not sufficient to warrant operative procedures. The following conclusions are reached by Dr. Weist. First, when a foreign body is lodged either in the larynx, trachea, or bronchial tubes, emetics should not be employed, as they increase the sufferings of the patient without effecting an expulsion. Second, inversions of the body are dangerous, and should not be practised unless an opening has been made in the trachea. Third, when symptoms of suffocation are imminent, an operation should be employed at once; also when dyspnoea is progressive. Fourth, when the foreign body is movable up and down the trachea an operation is indicated. Fifth, while a foreign body excites no dangerous symptoms, tracheotomy should not be performed. Sixth, while a foreign body remains fixed in the trachea (mod-

ifying conditions above given excepted), tracheotomy should not be performed. He warned against the dangers of hurried operations, and closed the paper with a general description of the operation not differing materially from what is authorized by surgical writers.

Dr. George B. Walker, of Evansville, Ind., chairman of the Obstetric section, read a paper on that subject, in which he dates its birth as a science from the time when "turning" was first advocated. He held the view that with the advantages given the operator by a thorough knowledge of this procedure, the indications for the use of the forceps were very few. Indeed, he is inclined to believe obstetrics would not have been materially deficient had they not been introduced, and he thinks that in a vast majority of cases the short, straight forceps will meet the indications. Post-partum injections of medicated solutions may be regarded as meddlesome midwifery. Quinine is regarded as a stimulant and excitant of uterine contractions, and ergot in the hands of intelligent men is approved. The more serious operations in connection with the subject were alluded to, the views of the author coinciding with those of established authority.

Dr. E. W. Jenks, of Chicago, chairman of the section on Gynecology, read a paper on "The Relations of Goitre to Pregnancy and the Generative Organs of Women." He says, "That the thyroid gland is in close sympathy with the uterus is acknowledged by both ancient and modern writers." The author, "having seen many cases of enlargement of the gland in young girls about the age of puberty, and among the cases appearing at his clinic, where the affection could be traced directly to disorders of the generative system, was led to believe the subject worthy of study." He tersely remarks that "while most authorities attribute the affection to the geographical conditions of a country, yet when it comes to establishing those conditions there is a universal diversity of opinion." Dr. Jenks apologized for the brevity of the paper, which might have been continued to the gratification of those present.

The usual banquet was held on Wednesday evening.

On Thursday morning, Dr. David Prince, of Jacksonville, Illinois, read a paper on the "Dressing of Wounds." The principal feature of the paper was the advocacy of treating lacerated and contused wounds that necessarily cause great loss of substance from slough by immersion, when possible, in a solution of salicylic acid, the proportion being $\frac{1}{1000}$, or of carbolic acid $\frac{1}{100}$. This immersion is to be constant throughout the whole treatment, when the situation of the wound will admit of it. Otherwise, frequent irrigation with the same solution is advocated (every twenty minutes). Cases were detailed where the results had been highly gratifying

after a treatment by constant immersion extending over one hundred and twenty-two days.

Dr. Wm. Dickinson, of St. Louis, read a paper on Hemipopia,—mechanism of, causation of, on the theory of total decussation of fibres of the optic tracts at the chiasma. Dr. Dickinson worked out the subject very clearly and comprehensively, and succeeded in convincing the audience of the correctness of the theory.

Dr. C. H. Hughes, of St. Louis, read on the subject of "Psychiatry." Dr. Hughes thinks that at present too many cases of mental aberration are sent to asylums for treatment. The question of consignment to an asylum may be more satisfactorily answered by attention to the following questions: "Is the patient so regardless of the proprieties of life as to render him unfit to remain longer at home?" "What antipathies has he for those by whom he is surrounded, and is there danger to wife, husband, or child?" "Can the patient be treated and cured by medicine alone?" "How long would it be safe to treat a patient in the midst of those surroundings which may have excited the malady and still contribute to aggravate it? are any such conditions removable?" "Does the patient persistently refuse food, and is his condition in many or most respects such as to require those agencies, appliances, gentle restraints, and constant surveillance which only a good and well-appointed hospital can give?" "How can the physician approach daily and treat the patient without incurring his dislike?" An intelligent and correct answer to such questions Dr. Hughes thinks would enable physicians to avoid many of the evils of the too indiscriminate consignment of patients to insane hospitals. He then proceeds to speak of those who are the proper subjects for asylum treatment, and among these he includes cases of puerperal insanity, many hopeless cases of which he thinks justly attributable to the inadequate nourishment furnished by the post-parturient low diet. Cases of insanity during utero-gestation. This form, by appropriate treatment, may be kept in abeyance until the crisis is past, but these cases require close surveillance to insure the safety of both mother and child, and the asylum is often the only refuge for such patients. Cases of progressive paralysis of the insane, he says, being as happy in one place as another, and seldom or never dangerous, can be treated as well at home as at the asylum. Acute psychic disturbances dependent upon hyperæmia are quickly relieved by appropriate treatment, but had better be treated at an asylum, because they require constant watchfulness. Cases of senile dementia in old men, when harmless, should always be kept out of asylums. Mild cases of melancholia frequently develop into the worst form of insanity, and should always be treated at the asylum. The

moral effect exercised by the contemplation of such cases as can be comprehended by these patients will often lead them to abandon their own delusions. Dr. Hughes touched upon the subject of the rights of the insane, and with a few remarks upon this subject closed an excellent paper.

Thursday afternoon, Dr. Williams, of Cincinnati, read a paper on the subject of "Amblyopia from Disuse." He said, While it is true that if for any cause the action of a set of muscles is kept in abeyance they decrease in size and power, this is not true of the organ of vision. Old writers were in the habit of attributing imperfect sight to amblyopia from disuse. Von Graefe was the first to question this. He removed a cataract from the eye of a woman sixty years old, who had been blind in that eye from the age of three years. After the removal the perception of light was immediate, though the function of sight had not been performed for nearly sixty years. That experience inclined him to think that a long cessation of vision does not affect sight. Still, he insisted that cataract from birth, prohibiting the exercise of vision, is liable to be followed by amblyopia from disuse. Hence he advocated an early operation. My own results have been uniformly better from an early operation.

The most frequent form of amblyopia from disuse is that from strabismus confined to one eye. Some have contended that the amblyopia detected in monolateral squint is due not to disuse but to pre-existing congenital amblyopia. Very often, however, the sight of the worst squinting eye from early infancy, even in advanced years, is not perceptibly reduced. In such instances the patient has probably had alternating strabismus. In this affection the ophthalmoscope reveals no defect in the eye, though one may have perfect vision and the other be entirely useless. This is the case in monolateral squint. A curious fact in this connection is that those portions only of the retina become insensible which functionate in normal vision. Besides, the individual acquires the power of suppressing the image of the squinting eye, and in a short time this image is utterly ignored by the mind. Dr. Williams then detailed the case of an old man who had suffered from squint for years who, when his sight began to fail in the fixed eye, by a peculiar process of training acquired the faculty of fixation of the squinting eye, and thus had nearly normal vision restored to him. With the details of another similar case, Dr. Williams closed his very interesting paper.

Dr. William Porter, of St. Louis, read a paper on "Objective Points in the Treatment of Phthisis." Dr. Porter confined himself almost exclusively to the discussion of the self-limitation of phthisis. He took for a basis of discussion the cases presented by Dr. Flint, who said, "Phthisis is self-limited when

it ends in recovery irrespective of extraneous influences derived from either hygiene or therapeutics. Only patients who recover without any potential remedies having been employed, and when there has been no material change in the daily life and habits, can be said to have recovered exclusively by self-limitation." Of the seventy-five cases on which Professor Flint based his conclusions, forty-four ended in recovery, and in thirty-one the disease ceased to progress, in a majority of cases for several years. Of the forty-four cases ending in complete recovery, there was no medicinal treatment, Professor Flint says, to which the recovery could be attributed. Of the thirty-one cases that ceased to progress, the history is that "at the last examination of these cases there was evidence of the disease." These not having recovered, they cannot affect the question. Of the forty-four remaining cases he declines to accept twenty-one of them, because cod-liver oil, one of the most potent agents, had been administered to them. In fifteen of the remaining twenty-three cases hygienic measures constituted the treatment, and this was of the most efficient kind, such as out-door life, travel in Europe, etc. These must be excluded; and if this exclusion be fair and just we have but eight cases remaining. Of these, one became a travelling man, his business involving much exercise in the open air. Dr. Porter continued analyzing the cases until but three were left. He afterwards spoke of the treatment, emphasizing first the importance of thorough exploration of the suspected site of the disease.

"Phthisis being a wasting disease, the important indication," he says, "is to put a stop to the waste or to overcome it;" the measures of treatment then advocated cannot be said to differ materially from what have been advocated in the last three years.

Dr. H. C. Fairbrother, of East St. Louis, next read on the subject of "Mediæval Medicine." He confined his observations to the subject of medicine as practised by and confined to the priesthood. The tenor of his paper was objectionable to several members of the Society, who took it to be an arraignment of the Christian religion from beginning to end.

Dr. Arch. Dixon, of Henderson, Ky., read a paper on the subject of "Arrest of Evolution vs. Maternal Impressions." After quoting extensively from physiological authors concerning the development of the fœtus, and after noticing the similarity between the human embryo and that of the lower animals, Dr. Dixon reaches the conclusion that congenital malformations, in which deficiency of structure is apparent, are the result of arrest of evolution. Excess of the same process is made to account for malformations in which supernumerary parts are displayed; and, further, some deformities not attribu-

table to either, he thinks, can very appropriately be attributed to placental inflammation and adhesions.

Dr. W. W. Seely, of Cincinnati, read on the subject of "Non-Astringent Caustic Treatment of Conjunctival Inflammations."

Dr. Seely says, "It was only the most complete conviction of the truth of my experience that led me about three years ago to publish an article entitled 'The Astringent Caustic Treatment of Trachoma: is it Tenable?' My early experience was that the so-called astringent caustic treatment of all conjunctival affections, but more especially the trachomatous variety, was uncertain, as it was difficult of comprehension, painful, and often detrimental.

"Trachoma, as all are aware, has ever been an opprobrium; and it was this disease, especially when complicated with corneal trouble, that first aroused my suspicions that something was radically wrong. These suspicions became so profound that there was quite an interval during which I was at an almost total loss how to act. I finally began to abandon all treatment for the lid trouble when either the cornea was actually involved or there was a marked tendency to it, and simply directed my attention to the so-called corneal complication." He then speaks of the unsatisfactory results from atropia, and of the success that has followed the application of the yellow oxide of mercury rubbed up with lard.

Concerning the cause or causes of inflammations of the conjunctiva, Dr. Seely says that for him the parasitic theory harmonizes with long clinical experience, and there can be no return to former methods of therapeutics. In reference to the action of calomel he says, "I do not know what proportion of oculists accept Donders's explanation of its *modus operandi*, but certainly all recognize its value." He claims that whatever of benefit arises from astringents comes from *indirect antisepsis*.

Dr. Seely now discards in these cases astringents, along with caustics and atropia, and uses in their stead the yellow oxide of mercury in vaseline, and, in cases of corneal trouble with great lachrymation or secretion, eserine.

Dr. Gustav Zinke, of Cincinnati, next read on the subject of "Quinia-Inhalations in Diphtheria." After speaking of the futile attempts made to treat the disease by the most prized remedies, and the successful termination of many cases when treated by the most simple means, he attributes much of the success in the cases successfully treated by the most simple means to the idea prevailing in the minds of many practitioners as to what constitutes diphtheria. He enters quite largely into the subject of diagnosis, saying that ever since the disease has been first described every writer and teacher has held ideas peculiar to himself concerning the causes and pathology of the disease. Dr. Zinke then accepts the

opinions of Oertel and F. Seitz (Niemeyer), but remarks that their divisions of the disease seem to him as so many stages of the malady, and that it may be confined to one of these or pass on slowly or quickly from the mildest to the most severe. His guides in the diagnosis in the early stage of the disease are, first, a painful throat with febrile excitement; second, a reddened and swollen mucous membrane, marked here and there with distinct fungous growths, or, as he has occasionally observed, with spots that simulate a light application of the nitrate of silver; third, enlargement of the lymphatics of the neck. In looking over the list of remedies, he says there is scarcely one but has had its advocates and its opponents. Only in one respect do all agree, and that is that both local treatment and constitutional treatment are necessary, and that both are apparently of equal importance. Dr. Zinke favors the idea that the disease is merely local in the beginning and afterwards constitutional. After detailing the other methods of treatment that have been employed, Dr. Zinke comes to the conclusion that the only ready method of treatment and the only reliable one is by inhalations of some solution by the atomizer, and for that solution he names quinia as the best agent. Dr. Zinke refers to thirty-five cases reported by him to the Academy of Medicine at Cincinnati, after treatment by this plan, and to seven other cases treated in the same way since the former report, with a mortality altogether of but five per cent. Dr. Zinke seems to use heroic treatment, inasmuch as the solution he advocates is from ten grains to a drachm to the ounce of fluid. A constitutional treatment of aconite and stimulants is also advocated, and as local applications heat or cold, according to the desires of the patient. He emphasizes the importance of the thorough and continued use of the inhalation. He meets the objections to their use in a manner creditable not only to himself, but also to the Society whose influence has called forth the paper.

The only question as to the value of the treatment would remain as to the diagnosis. If it has been correct,—and it seems to be so,—Dr. Zinke deserves credit for his enthusiasm in the treatment.

At the close of Dr. Zinke's paper a vote of thanks was tendered the officials, the press, and the profession of Louisville, for their kind treatment towards the Society, and the meeting adjourned, to meet at St. Louis next year.

Dr. William A. Owen, of Evansville, Ind., was elected President, and Dr. G. W. Burton, of Mitchell, Ind., re-elected Secretary.

PROFESSORS Hofmann, of Berlin, and Kekule, of Bonn, and other chemists, have published analyses of Apollinaris water, which all agree in showing that it is a very pure water, with about one-quarter the quantity of alkaline salts contained in Vichy water.

REVIEWS AND BOOK NOTICES.

THE AMERICAN JOURNAL OF OTOTOLOGY, A QUARTERLY JOURNAL OF PHYSIOLOGICAL ACOUSTICS AND AURAL SURGERY. Edited by CLARENCE J. BLAKE, M.D., in conjunction with PROFESSOR A. M. MAYER, of Hoboken; ALEXANDER GRAHAM BELL; Dr. ELLIOTT COUES, U.S.A.; PROFESSOR A. E. DOLBEAR, Tufts College, Mass.; Dr. ALBERT H. BUCK, of New York; Dr. CHARLES H. BURNETT, of Philadelphia; Dr. SAMUEL SEXTON, of New York; Dr. J. ORNE GREEN, of Boston; Dr. H. N. SPENCER, of St. Louis. Vol. ii., 1880. New York, William Wood & Co.

When this journal first made its appearance, two years ago, we drew attention to the strong list of contributors, and to the valuable character of both the scientific and the practical papers contained in its earlier numbers. The lapse of time has shown that the high standard originally established has been more than maintained, and the numerous and valuable original articles which have appeared in its pages prove that the journal continues to fulfil the aim with which it set out, to serve not only as the organ of American otologists, but also as at once the purveyor of original and valuable knowledge on the treatment of ear diseases to the general profession, and a medium of expression for writers on scientific matters connected with the organs of hearing, particularly in connection with physiological acoustics. This truly American and scientific periodical is one which is in the highest degree honorable to the profession in this country, and, we are glad to learn, is receiving, at least in some measure, the support which it deserves.

Space prevents our giving more than the most cursory glance at the series of scientific and practical papers spread over the pages before us, but we may mention, among the more notable of the strictly scientific papers, those of Professor Dolbear, "On the Number of Vibrations Necessary for the Recognition of Pitch;" of Alexander Graham Bell, "Experiments relating to Binaural Audition;" and of Charles R. Cross and William T. Miller, "On the Present Condition of Musical Pitch in Boston and Vicinity." Of the numerous practical papers which fill the successive numbers, we may mention Dr. Charles H. Burnett's, on "Uninterrupted Wearing of Cotton Pellets as Artificial Drum-Heads;" and Albert H. Buck's, on "The Comparative Value of Leeches, Heat, and Incisions in the Treatment of Acute Circumscribed Inflammation of the External Auditory Canal." These are just such papers as the intelligent general practitioner reads with interest and advantage. The reviews of current literature are very full and complete.

THE THERAPEUTICS OF GYNÆCOLOGY AND OBSTETRICS. Edited by WILLIAM B. ATKINSON, A.M., M.D., etc. Philadelphia, D. G. Brinton, 1880.

Specialists of extended reputation may covertly sneer at compendiums, each preferring to recommend his own exhaustive treatise; but the hard-worked doctor who lives beyond the hot-house air of our medical centres, where physicians imbibe the latest idea unconsciously with their breath, will thank the editor of this work for placing within easy reach the collated views of many eminent writers, and their special recommendations in therapeutics.

The work is a very valuable member of the series to which it belongs. The editor has acted with great judgment in his labor, and the three hundred and fifty pages can scarcely be read without leaving in the mind many new ideas. Life is growing relatively shorter every year, in relation to the amount of study demanded in all professions and the vast number of books and periodicals that must be read if one would keep afloat upon the topmost wave. A work, therefore, which furnishes a careful digest of various authors, and arranges their views upon various topics together, cannot but save time and prove of great value.

E. W. W.

CONTRIBUTIONS TO ORTHOPÆDIC SURGERY, INCLUDING OBSERVATIONS ON THE TREATMENT OF CHRONIC INFLAMMATION OF THE HIP, KNEE, AND ANKLE-JOINTS BY A NEW AND SIMPLE METHOD OF EXTENSION, THE PHYSIOLOGICAL METHOD, AND LECTURES ON CLUB-FOOT DELIVERED AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK. By JOSEPH C. HUTCHISON, M.D., Brooklyn. New York, G. P. Putnam's Sons. 12mo, pp. 200.

This handsome volume places in permanent form the articles of the author published already in the *American Journal of the Medical Sciences* and the *New York Medical Record*. The first forty pages contain his views upon the treatment of joint diseases of the lower extremity; and so simple and rational is this "physiological method" that since its promulgation, about two years ago, it has been largely adopted by American surgeons,—at least, with certain modifications. While many will agree with him in the statement that the periarticular muscles are able to fix the hip-joint, yet few will say that it is advisable to compel them to do this work when they can be relieved by the simple use of the same felt which the author employs in treating the knee and ankle, a lock-joint being inserted opposite the hip. Dr. Hutchison's plan consists in lengthening the sound leg some two or three inches by means of a steel, wood, or cork attachment to the shoe, and then putting the patient upon crutches in order to make the diseased member the extending force.

In the lectures upon club-foot the author discusses fully the causes, pathology, and treatment of this unfortunate class of cases. He differs from the majority of American surgeons in that he waits four days after tenotomy before bringing the foot by manipulation into position. His use of plaster of Paris as a retaining-splint after operation is excellent, and saves the expense of a first shoe, while it lessens the risks of sloughing. Page 71, upon the manual treatment of this deformity, is especially worthy of perusal.

The simplicity of the plans of treatment renders the book a valuable one to the general practitioner as well as to the specialist.

DE F. W.

A PRACTICAL TREATISE ON NASAL CATARRH. By BEVERLEY ROBINSON, A.M., M.D. Paris. New York, William Wood & Co., 1880. 8vo, pp. 176.

This book is a carefully-prepared record of the author's views on the causes, symptoms, and treatment of catarrh in the nose and nasal pharynx. The method employed is elaborate, and the conclusions arrived at are stated temperately. The subjects embraced in the contents are coryza, hypertrophy of the turbinated bones, and follicular disease of the naso-pharynx. These affections are separated from one another with more or less success. We cannot cavil over imperfect definitions or rules of diagnosis, however, when the low state of this department of medicine is borne in mind.

It is to be regretted that the classification of the standard writers is often departed from without explanation; for example, that ulcerous catarrh is frequently alluded to without being anywhere distinctly defined, and that ozæna is not mentioned as a nasal disease, while the author has not hesitated to use the word in his discussions. It would further assist the reader if the paragraphs were shorter and the references to the writers quoted had been more uniform. But these are slight defects, and will not interfere with the usefulness of the volume. It is enough for the practitioner to remember that he can find in Dr. Robinson's volume a reliable guide in the treatment of a group of obstinate disorders.

H. A.

ARCHIVES OF OTOTOLOGY. Vol. ix., No. 3. New York, G. P. Putnam's Sons, September, 1880.

The most interesting papers in this number are those of Gottstein and Guye, upon Ménière's disease. Defining this disease as an affection of the internal ear associated with vertigo, the practical question arises, Is the vertigo a primary or a secondary symptom? This query suggests a second, viz.,—How can the vertigo of Ménière's disease be distinguished from vertigo having its cause in other structures than the labyrinth?

Gottstein finds two groups of cases in which deafness and disturbances of equilibrium are united. One of these he assigns entirely to meningeal origin, the deafness being an associated symptom thereof. In another the deafness and vertigo appeared simultaneously and distinct from meningeal symptoms.

Guye brings together a number of cases of disease of the middle ear in which the vertigo and a variety of symptoms referrible to the central nervous system supervened as complications. He notes, as important points, that the sensations of rotation are invariably towards the affected ear; that a current of cold air or the direct contact of cold water upon the affected ear is peculiarly noxious; and, finally, that the patient is not apt to suspect his ear as being in any way connected with his disease.

Dr. F. C. Hotz narrates three interesting cases in which acute purulent otitis was thought to be dependent upon malarial poisoning.

A MANUAL OF MEDICAL JURISPRUDENCE. By ALFRED SWAINE TAYLOR, M.D. Eighth American from the Tenth London Edition. Containing the Author's latest Notes made expressly for this Edition. Edited by JOHN J. REESE, M.D. Philadelphia, H. C. Lea.

It is not very often that a medical book reaches its tenth edition, or that the last earthly labor is performed by the author in retouching the work that first came from his hand thirty-five years before. All this, however, has happened in the case of Dr. Taylor and his classical treatise. The pen dropped from the grasp only when the shadows of old age were rapidly deepening into the darkness of death. Under the circumstances, all the journalist has to do is to announce, not criticize, the completed task. The value of the gem is too well known to require more than the telling that the master-hand has rebrightened its facets and polished its angles before leaving it as his legacy to his brethren in the profession.

DESCRIPTIVE ATLAS OF ANATOMY. Philadelphia, J. B. Lippincott & Co.

This royal quarto volume is composed of ninety-two plates, containing five hundred and fifty figures, a preface of two pages, and an index of eleven pages. The Atlas is intended chiefly for the use of students, and has been prepared by a London hospital surgeon, whose name graces neither title-page nor preface. Is he ashamed of his work? After examination we do not find that he has any cause to be, except those plates illustrating the brain, where the old, stale, flat, and unprofitable figures and methods of Gray and other text-books are reproduced; but then it would be a rare surgical intellect which would rise to the comprehension and knowledge of brain

anatomy as required by the physiologist and neurologist. The drawing of the figures is by no means fine, but it is bold and strong, and the arteries and veins are appropriately colored, which brings a strong relief. As all parts of the figures are copiously named *in situ*, it can be seen that the volume offers great facilities for refreshing of the memory and for coaching. We have met with some practitioners as well as students to whom anatomy partook of the nature of a lost knowledge, if not of a lost art. To such the present volume would be very useful. The most extraordinary thing about the work is its cheapness, the full retail price being only \$7.50. With the usual discount off, this would be about one cent a figure, —a color—if not blood—stained figure at that. Unsigned paintings, unwarranted auction-horses, and anonymous scientific books belong to classes which the wise man views with deep distrust; but the present volume hides no secrets. Its face-value is all it has, and to take this at the price at which it is offered is to embrace a bargain.

GLEANINGS FROM EXCHANGES.

CASE OF IMPERFORATE RECTUM—NEW TREATMENT.—Dr. Neil Macleod's case (*Brit. Med. Jour.*, vol. ii., 1880, p. 657) was that of a female infant in whom, the bowels not having been moved twenty-four hours after birth, a probe was passed into the anus, which was found to communicate with a *cul-de-sac* about half an inch in depth. The probe was then passed into the vagina for nearly two inches. It could be moved about with freedom, and could be felt readily from the anal *cul-de-sac*, where the rectum should have been. There was no bulging in the perineum.

A perineal exploration was made for the rectum, the operator cutting carefully in the middle line to the depth of an inch and a quarter without being able to feel with the finger anything like a bulging, loaded bowel. Littré's operation was performed, some hemorrhage ensued from abdominal vessels, and death took place nine hours later. The necropsy showed the peritoneal cavity perfectly free from any trace of inflammation, blood, or meconium. The perineal wound did not communicate with the peritoneal cavity. The rectum was completely imperforate, being represented by a slender, impervious, fibrous cord, running down from the descending colon, almost in the middle line, into the pelvis behind the uterus, and attaching itself to the posterior wall of the vagina opposite the os uteri. It could be traced for three-quarters of an inch along the posterior vaginal wall, where it spread out and became lost thereon. The descending colon ended in a *cul-de-sac* at the pelvic brim, greatly distended, being about three times the diameter of the colon three or four inches higher up. The va-

gina was long and roomy, and had very thick walls. The cervical portion of the uterus had a diameter twice that of the fundus uteri. The bony pelvis was normal. In his remarks on the case, Dr. Macleod says that the objections to Littre's operation are: hemorrhage, opening the bowel in the wound, leading to the risk of the escape of meconium and blood into the peritoneal cavity, and the very grave one, if the patient live, of having an artificial anus in the groin. He suggests that when the ano-perineal operation fails to reveal the bowel an incision should be made in the abdominal wall of convenient length between the umbilicus and pubes in the middle line (or a little to the left of it, to avoid the urachus and the hypogastric artery). Next, he says, introduce the forefinger of the left hand into the abdominal cavity, examine the descending colon and rectum to discover the seat and relations of the upper *cul-de-sac*, then pass the same finger down into the pelvis in the middle line (behind the uterus in the female, the bladder in the male), and, pressing the tip of the finger against and pushing outwards the floor of the pelvis, cut upon the tip of the finger as a guide, thus opening into the peritoneal cavity from below. Next introduce the right forefinger through the perineum, and, guided and assisted by the left, hook the right finger round the gut, and pull it downwards and out through the perineal incision. Stitch the opening in the abdominal wall, then open the gut and stitch its edges to the edges of the perineal wound in the manner before described. Should the difficulty arise, from mesenteric relations, of bringing the bowel down from the pelvic brim (only in the worst cases) to the perineum, the mesentery could be torn or cut through and vessels tied. Whatever the nature or degree of malformation, the rectum on the right side, partially or completely imperforate, opening into the uterus, vagina, bladder, or urethra, by the means suggested (failing the ano-perineal operation) the condition could be more properly ascertained and dealt with. In some cases the peritoneal cavity need not be opened from below. Antiseptic precautions should be employed.

BLOOD-POISONING.—A singular case of blood-poisoning occurred at Berne recently. A man, who for several days was suffering from toothache, went to a dentist, who advised him to apply a leech to the gums. The man did as he was ordered, but two hours afterwards he found himself worse, and remarked that his lips were commencing to swell, and soon this swelling extended to the face, neck, and chest. He waited until the following day to call in a doctor, but by that time the whole head became involved, the respiration became difficult, and high fever set in. A few hours later the patient became delirious, and was seized with convulsive movements; he appeared at times to sleep

with the eyes open. On the second day he succumbed. Professor Langhans, having made the post-mortem in the presence of two other well-known professors, declared it to be a case of blood-poisoning. The wound produced on the gums by the leech had enlarged itself, showing gangrenous edges. It is evident that this bite had transmitted a virus, which had thus poisoned the blood. But how this virus could have been introduced into the leech, which had been in the chemist's shop for several days, could not be ascertained.—*Medical Press and Circular*.

HOW TO COVER THE ODOR OF IODOFORM.—Several methods have been proposed, the following of which, according to *New Remedies*, are the best. 1. Tannin mixed with the iodoform in equal parts. 2. Oil of peppermint in the proportion of a drop to every drachm. 3. Lavender water and eau de cologne have been recommended, but are not so effectual as the peppermint. 4. Balsam of Peru, 3 parts; iodoform, 1 part; vaseline, 8 parts; or, in place of the latter, alcohol, colodion, or even glycerin. 5. Oil of sweet almonds added in equal quantity to the iodoform. 6. Oil of bitter almonds. One or other of the first two methods is probably to be preferred.—*British Medical Journal*, vol. ii., 1880, p. 692.

DEATH FROM ETHER.—Dr. N. C. Dandridge reports a death from ether. A full account of the case, which was discussed by the Cincinnati Medical Society, will be found in the *Cincinnati Lancet and Clinic* for October 30.

MISCELLANY.

PURE WATER IN CITIES.—We are told upon high authority (Dr. Henry I. Bowditch) that "only one-third of the towns and cities of this nation make any claims, even the most trivial, of endeavoring to procure pure potable water for their inhabitants. The remainder (65.73 per cent.) either confess carelessness or ignorance of the subject. In other words, over one-half of the people of these United States are openly and avowedly living in a senseless disregard as to whether they are drinking pure water or water contaminated by every kind of filth."

POPULAR PHYSIOLOGY.—It appears that under the new "scientific" influences children in the London Board Schools are taught physiology. An examiner having put the question, "Mention any occupations which you consider to be injurious to health, giving reasons for your answer," one girl's complete answer to this was, "When you have a illness it makes your health bad, as well as having a disease." Another said, "Occupations which are injurious to health are carbolic acid gas, which is impure blood." Another complete answer was, "We ought to go in the

country for a few weeks to take plenty of fresh air to make us healthy and strong every year." Another complete answer was, "Why the heart, lungs, blood, which is very dangerous." The word "function" was also a great puzzle. Very many answered that the skin discharges a function called perspiration. One girl said, "The function of the heart is between the lungs." Another said, in answer to "What is the function of the heart?" "Thorax." Another girl, in answer to a question, said, "The process of digestion is: we should never eat fat, because the food does not digest."

PREVALENCE OF ADULTERATION OF FOOD.—The recent report of the State Board of Health, Lunacy, and Charity of Massachusetts (*Sanitarian*, November, 1880, p. 511) contains a paper by Mrs. Ellen Richards, Instructor in Chemistry in the Woman's Laboratory, on the "Adulterations of Some Staple Groceries," which shows a gratifying result. Of 25 samples of flour and 75 of sugar there were no adulterants whatever discovered. One sample of sugar only indicated glucose in a faint degree.

Of soda, the so-called "saleratus, bicarbonate, or super-carbonate, cooking-soda," all being names for one and the same thing, 93 samples were examined: 19 were nearly chemically pure, 43 were good, 25 contained from three to sixteen per cent. of chloride and sulphate of sodium, but of these 25 three only were bad. Alum was not found in a single sample. Seven packages were found without the name of the manufacturer, only the names of the mills being given. Every one of these was adulterated; one was largely flour, the other six contained over fifty per cent. of terralba. One other package had the maker's name, but no place of business, on the label, and contained eighty-one per cent. of terralba. Two packages were labelled simply "Horsford's Cream of Tartar," and consisted of acid phosphate of lime.

Of baking-powders, 33 samples were tested: 24 were good, containing nothing injurious; some of them contained an excess of starch or flour. Of the remaining nine, eight contained alum, and five of these last also contained ammonia.

PILOCARPIN AND JABORIN.—Drs. Harnach and Meyer (*Annalen der Chemie*) have examined the chemical and pharmacological properties of commercial pilocarpin, and the result of their researches has led them to the conclusion that a new alkaloid, which in lieu of a better name they have called "jaborin," is contained, together with pilocarpin, in the pilocarpin of commerce, jaborin being, in fact, formed out of pilocarpin. According to the authors, pilocarpin is, in its physiological effects, analogous to nicotine, while the effects of jaborin they found to be identical with those of atropin. The separation of jaborin and pilocarpin is based upon their different

degrees of solubility in various menstrua, the separation being facilitated by the non-crystallizable property of the jaborin compounds. The presence of jaborin in commercial pilocarpin was indicated by the action of the latter upon a frog, traces of jaborin causing spasms of the heart. Pure pilocarpin the authors found to contain no jaborin. After having, by means of its physiological effects, determined the presence of jaborin in commercial pilocarpin, the authors set to work to prepare it in at least sufficient quantity to enable them to experiment upon it. The raw materials selected for this purpose consisted in part of jaborandi leaves and in part of the so-called false jaborandi, piper reticulatum, and other kinds of pepper. Not having been able to obtain jaborin in a state of perfect purity, the authors have not been at present able to represent it by a formula. Jaborin is a very strong base, differing from pilocarpin by being with difficulty soluble in water and easily soluble in ether. Its salts dissolve readily in water and alcohol, and are not crystallizable.—*Medical Press and Circular*.

FALLING OF THE HAIR.—Mr. James Startin, in the *British Medical Journal*, suggests the following application in general loss of hair without obvious cause:

R Ung. petrolei,
Ol. ricini, aa ʒss;
Hyd. ox. rub., gr. v;
Liq. ammon. fort., fʒss;
Ol. rosmarini, gtt. v.—M.

ALCOHOL AND DIGESTION.—M. Leven (*Boston Jour. of Chemistry*) claims that seventy-five grammes of brandy to two hundred grammes of meat completely arrest digestion, while twenty-five grammes in the same quantity facilitate digestion. Dr. Rabuteau finds ethylic alcohol far less injurious than amyllic.

NOTES AND QUERIES.

ERRATUM.

In the analysis of the Kittanning Spring-Water (p. 77), by Dr. Reichert, for salicylic acid read *silicic acid*.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM NOVEMBER 14 TO NOVEMBER 27, 1880.

TAYLOR, M. K., CAPTAIN AND ASSISTANT-SURGEON.—To report to Commanding General, Department of the East, for assignment to duty. S. O. 242, A. G. O., November 12, 1880. Assigned to duty at Fort Wayne, Mich. S. O. 204, Department of the East, November 17, 1880.

HOFF, J. V. R., CAPTAIN AND ASSISTANT-SURGEON, Fort Monroe, Va.—Granted leave of absence for one month. S. O. 208, Department of the East, November 26, 1880.

TESSON, L. S., CAPTAIN AND ASSISTANT-SURGEON.—Granted leave of absence for six months, with permission to go beyond sea. S. O. 244, A. G. O., November 15, 1880.

BREWER, J. W., CAPTAIN AND ASSISTANT-SURGEON.—Died November 15, 1880.